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COUNTY BOROUGH OF WIGAN



Report
on the
Health
of the
County Borough of Wigan
1971



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Report
on the
Health
of the
County Borough of Wigan
1971

J. HAWORTH HILDITCH
Medical Officer of Health
Principal School Medical Officer
Medical Referee of the Borough Crematorium

CONTENTS

COMMITTEES	4
STAFF	4
INTRODUCTION	7
Section 1. NATURAL AND SOCIAL CONDITIONS OF THE AREA	11
Section 2. STATISTICS	15
Section 3. PROVISION OF HEALTH SERVICES	31
Section 4. PREVALENCE OF AND CONTROL OVER INFEC- TIOUS DISEASE	83
Section 5. WELFARE SERVICES	87
Section 6. SANITARY CIRCUMSTANCES OF THE AREA	99
Section 7. HOUSING	113
Section 8. INSPECTION AND SUPERVISION OF FOOD	119
INDEX	133

HEALTH COMMITTEE - 1971

(Appointed 26th May, 1971)

Chairman	....	....	....	Alderman J. T. LYNCH, J.P.	
Vice-Chairman	....	....	....	Councillor Mrs. E. NAYLOR.	
The Mayor	....	....	....	Councillor J. HARTE J.P.	
Aldermen	....	....	....	T. MONKS	J. TABERNER
Councillors	....	....	....	Mrs. J. C. BARKER,	Mrs. M. MILLIGAN
				B.A.	Miss A. PEET
				W. BLACKLEDGE	J. E. SMITH
				F. CONNOLLY	E. WALMESLEY
				C. GILES	F. H. WAREING,
				C. J. GORMALLY	T.D., J.P.
Co-opted Members :				R. D. DICKSON,	Miss M. BITHELL
				M.B.E., J.P.	Dr. F. G. INCE
				Mrs. J. BAMBER	Dr. D. W. JOHNSON

SOCIAL SERVICES COMMITTEE - 1971

(Appointed 26th May, 1971)

Chairman	....	....	....	Councillor Miss A. PEET.	
Vice-Chairman	....	....	....	Councillor W. BLACKLEDGE	
The Mayor	....	....	....	Councillor J. HARTE, J.P.	
Aldermen	....	....	....	H. DOWLING, J.P.	J. TABERNER
				J. T. LYNCH, J.P.	
Councillors	....	....	....	C. J. GORMALLY	Mrs. E. NAYLOR
				J. LAWSON	Mrs. M. PRATT
				E. MADDOCKS	R. T. STOCKLEY
				Mrs. M. MILLIGAN	S. TOWNLEY
Co-opted Members :				Mrs. J. NOBLE	D. PARRY
				M. MASON	

STAFF - 1971

Medical Officer of Health	J. HAWORTH HILDITCH, M.B., Ch.B. D.P.H., (Vict.), M.F.C.M., M.B.I.M., F.R.S.H.
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Medical and Professional Staff :

Senior Medical Officer in Department	R. McLEAN BAIN, M.B., Ch.B., D.P.H.
Medical Officers in Department	....	....	A. F. HOWARTH, M.B., B.Ch. A. H. ABDOU, B.Ch., D.C.H., L.M.S.S.A.
Chief Dental Officer	....	....	S. M. AALEN, L.D.S.
Dental Officers	....	....	Mrs. L. J. COOK, B.D.S. A. J. MOORHEAD, B.D.S.
Public Analyst	....	....	R. SINAR B.Pharm, B.Sc., M.Pl.A., F.D.S., F.R.I.C., A.Inst.W.P.C.

Medical and Professional Auxiliaries :

Chief Chiropodist	....	....	S. R. AINSWORTH, S.R.Ch., M.Ch.S.
Chiropodists	....	....	J. WOOD, S.R.Ch. (part-time) Mrs. A. KING, S.R.Ch. (part-time)
Dental Auxiliary	....	....	Mrs. M. D. PETERS

Public Health Inspectorate :

Chief Public Health Inspector		J. B. MARSH, F.R.S.H., M.A.P.H.I.
Assistant Chief Public Health Inspectors	....	K. PARKIN, (a) (b) (c) M. RICHARDS, (a) (b) (c)
Senior Public Health Inspectors	....	E. J. FRANKLIN (a) (b) (c) E. J. MARSDEN (a) (b) (c) K. SIMM (a) (b) (c)
District Public Health Inspectors	....	E. CULSHAW (d) L. JONES (a) (b) (to 31.7.71) C. LIVESEY (d) A. NOAKES (d) C. OGDEN (d)
Meat Inspector	....	W. BAINES
Technical Assistants	....	P. HOLDEN R. PYE
		F. BOND A. STOREY

Health Visiting, Midwifery, Home Nursing and Day Nursery Staff :

Superintendent Health Visitor	E. M. WRIGHT (f) (h) (i) (j)
Health Visitors	D. APPLEBY (f) (h) (i) (part-time) C. E. BIRCHALL (f) (h) (i) P. DALTON (f) (i) (part-time) F. M. L. DAVIES (f) (h) (i) F. GREEN (f) (h) (i) B. I. HIGGINS (f) (h) (i) (part-time) P. M. LOWE (f) (i) B.T.A. Cert. M. E. MADDEN (f) (i) J. E. O'KANE (f) (h) (i) M. OLDFIELD (f) (h) (i) M. TRAYNOR (f) (i) P. WALKER (f) (i) M. J. WALMESLEY (f) (h) (i) E. WICKSTEAD (f) (h) (i)
Non-Medical Supervisor of Midwives	W. KAY (f) (i)

Midwives :

B. COLLINS (f) (h) (to 23.11.71)	V. HURST (f) (h)
M. C. DIX (f) (h)	A. F. O'DWYER (f) (h)
A. DODDS (f) (h)	M. QUINN (f) (h)
W. M. DOHERTY (f) (h)	B. RICHARDSON (f) (h)
K. A. FISHWICK (f) (h)	C. K. SWIFT (f) (h)
D. HITCHEN (f) (h)	P. WAITE (f) (h)

Superintendent,
Home Nursing Service E. WILSON (f) (j)

Home Nurses :

D. AUGURIO (f) (j) (k)	A. REIGATE (f) (h) (j)
D. BIBBY (f) (j)	M. SEED (e)
B. M. DAVIES (f)	B. SMART (e)
J. FINCH (f)	V. I. TURNER (f)
P. LEATHER (e)	J. M. WALKER (f) (j)
D. LEWIS (e)	H. WAREING (f) (k)
M. MOLLOY (f) (j) (k)	M.M. WOODS (f) (h)
A. MURPHY (f) (k)	P. A. WARD (f)

Matron, Day Nursery M. F. LUCAS (f) (g)
Deputy Matron V. BENNETT, N.N.E.B.

Mental Health Service Staff :

Senior Mental Welfare
Officer J. A. PIETRE, B.A.
Mental Welfare Officers I. B. CARRUTHERS
M. D. H. GAPES, Dip.Soc.Sc.
B. SEED, C.S.W.
J. WARRILOW
Manager,
Adult Training Centre E. HILTON
Supervisor,
Junior Training Centre M. LASSEY Dip.Tch. M.H.C. (to 31.3.71)

Welfare Services Staff :

Senior Assistant A. SIMM, F.I.S.W.
Welfare Officers H. A. SPEAKMAN, C.S.W.
P. SHAW
Family Case Worker.... W. STEELS
Home Help Organiser M. GREENOUGH

Ambulance Service Staff :

Chief Ambulance Officer.... C. R. HILL

Administrative Staff :

Administration Officer W. W. MARKLAND, D.M.A., A.M.B.I.M.
M.R.S.H.
Senior
Administrative Assistants.... L. K. BARKER, D.M.A. (from 1.9.71)
R. R. SWINBANK, D.M.A. (to 27.6.71)
Administrative Assistants J. O. ASHTON, B.A., D.P.A., M.I.H.E., M.G.H.E.
R. LATCHFORD

- (a) Public Health Inspector's Certificate.
- (b) Meat Inspectors Certificate.
- (c) Smoke Inspectors Certificate.
- (d) Diploma of the Public Health Inspectors Examination Board.
- (e) State Enrolled Nurse.
- (f) State Registered Nurse.
- (g) Registered Fever Nurse.
- (h) Certificate, Central Midwives Board.
- (i) Health Visitors Certificate.
- (j) Queen's Nurse.
- (k) National District Nursing Certificate.

INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Wigan

“When the raw material of this industry is human suffering and disease and the end-product the alleviation of pain and suffering for the patient and relatives, the balance sheet can never be based purely on the efficiency of administrative practice in itself. Sympathy and consideration for the patient must be taken into account, but in terms of the greatest practical benefit to all patients and within the limits of the permissible expenditure”

Report on the Administrative Practice of
Hospital Boards in Scotland

The year 1971 was one of change in the Department marked by relinquishing the administrative aspects of some services and the acceptance and expansion of others.

The “Consultative Document”, although giving rise to more questions than it purported to answer, at least revealed the philosophy likely to be applied to the integrated health service with the accent on management, accountability and maximum exploitation of scarce resources in a drive for increased efficiency—a concept not unfamiliar to most officers in Local Government. In a unified service each discipline will have much to learn from the others and in the short time which remains before 1974 any scheme or organisational change which will facilitate integration and which can be carried out within existing legislation is being carefully evaluated. In this context the publication last year of the Mayston Report on the Nursing Structure in Local Health Authorities was seen as the natural corollary to the Salmon Report in the Hospital Service and plans were made and agreed with the Department of Health and Social Security for an appropriate nursing administrative structure in Wigan. This scheme awaits implementation by the Council.

In anticipation of the acceptance of the Peel Report on Obstetric Practice by the Department of Health and Social Security and to counter the disadvantage to the domiciliary midwife of the increasing number of institutional births a further step was taken to integrate the hospital and domiciliary services. A small number of ultra short-stay beds have been set aside in the Roy Hartley Maternity Unit and these are serviced by family doctors supported by domiciliary midwives. At the turn of the year the scheme was just operative but the unit would doubtless be more popular with the doctors if it were more centrally situated to the area which it serves.

Another milestone on the road to integration is the attachment of nursing staff to individual and group practices. Progress in this direction has been made, particularly in respect of the health visiting service where the

concept is fully accepted and only staff shortage or lack of suitable accommodation prevents further progress.

In the case of the home nursing service full attachment of nursing staff to practices is not possible with the present establishment and work load which is at record level, and for the time being the system has had to be modified in the interests of maintaining the sheer working efficiency and flexibility which flows from the closely-knit service, decentralised on an area basis with, wherever possible, a close affinity short of full attachment to particular groups of general practitioners.

The general health of the inhabitants of the Borough as reflected in the returns of vital statistics shows no dramatic departure from the norm but three points deserve special comment. The Census showed that the population of the Borough in April was 81,258—an increase of almost two thousand over the Registrar General's estimate for the previous year. The birth rate, 19.1 per 1,000 popn. although below the peak of 20.0 in 1969, is still far above the national average at 16.0 and indeed is one of the highest in the Northwest—this in spite of the excellent family planning service which has been available in the Borough since 1951. Evidently we are at present only scratching the surface of the population explosion problem.

The number of deaths of infants under one year rose from 30 to 41. This caused the infant mortality rate to rise from 19 to 26 per thousand live births. The reason for this increase in a rate which has been fairly static since 1967 is not easy to assess and certainly does not seem to be due to any single factor. The stillbirth rate was reduced to 15 (17) per 1,000 total live and still births but increased mortality was seen throughout the first year age range; the early neo-natal, neo-natal and perinatal rates were all slightly elevated. The preponderance of deaths was due as usual to prematurity, dysmaturity and congenital malformations. Only six low birth weight babies were born at home and all survived. Three deaths in the older group give special cause for concern. A child of six months died from multiple injuries not accidentally acquired; a child of three months was overlaid and suffocated in its parents' bed and a third child of four months died accidentally in its cot after inhaling vomit. These cases demonstrate the continuing need for an efficient and vigilant health visiting service teaching good standards of mothercraft and maintaining close and constant contact with families, whilst trying to assess in individuals the factors which lead to mismanagement, neglect or actual illtreatment of babies. Machinery for co-ordinating information concerning the suspected wilful illtreatment of babies has been established between the Local Authority's Health and Social workers, the appropriate voluntary organisations and the Paediatric and Casualty Departments at the Royal Albert Edward Infirmary.

The epidemic of lung cancer shows no signs of abatement. The 58 deaths attributed to this cause is the highest so far recorded and includes seven women—an ominous sign. "If preventable, why not prevented?" Why not indeed. Our best offers of Health Education amongst adults and in the schools seem of little consequence against the massive and often overt

propaganda encouraging the population to smoke cigarettes. The latest series of advertisements for a brand leader "It seemed the natural thing to do" is a case in point. There are not many things which one can do to one's body which are less natural than inhaling tar, nicotine and the rest of the noxious constituents of tobacco smoke. There are few people in this country who are not aware of the consequence of cigarette smoking, yet even from amongst those in authority it is exceedingly difficult to obtain a decision to ban smoking say at meetings or in public places or upon public transport, and it is significant that amongst the professions, medicine is the only one whose members have appreciably reduced their cigarette smoking habits and consequently their deaths from lung cancer.

On a more optimistic note, the year saw the commissioning and opening of Longshoot Health Centre, an example of fruitful co-operation between two branches of the health service which augurs well for the future. To date no major snags have arisen. However, some small planning and organisational improvements have been suggested and will be incorporated in the plans for future centres at Marus Bridge and Beech Hill. Staff from the two group practices and from the Health Department are busy making sure that we have here not only a new building but a new concept of community medicine. Time is required for this to become firmly established.

So we come to the services concerning which I report for the last time.

The Mental Health Service which, although small in terms of finance and staff employed, nevertheless has from humble beginnings expanded its horizons over the years and indeed in many respects it anticipated by several years the provisions of the Mental Health Act of 1959. Its work has been comprehensive, thorough and successful. Whatever the merits of Seeböhmization, and there are many, the integration of the Mental Health Social Workers into the generic teams is not one of them. The chasm between the hospital and community services resulting in lack of continuity of care will have to be carefully bridged until a better system is forthcoming. This may not be long delayed.

The Day Nursery and the Home Help Service have always had strong social work links and the change of administration will pass almost unnoticed. The Health Department will still give close medical and nursing support to the Nursery and I am sure that the excellent record of these two sections will continue.

We relinquished administrative control of the Welfare Services for the aged and handicapped with justifiable pride. Starting in 1949 with 70 odd, very odd, beds in a truly Dickensian institution and a handful of staff demoralised by trying to run a service with totally inadequate resources, we have in the intervening years, still within the constraints of financial stop-go, created a creditable service with purpose-built hostels, warden-controlled flats grouped with special housing. We had one of the first live registers of the aged living alone and pioneered the short-stay and holiday relief admission system. One of the last tasks prior to handing over was to consider a new blueprint of action for the physically handicapped, particularly as regards sheltered workshop facilities which are badly needed to preserve the morale of these people. Personally I found great satisfaction

in directing these services which brought me into close contact with those most in need. Perhaps it was that I was fortunate in having a devoted staff who have given unusual continuity of service. To them I say a special "Thank you" and wish them well in their new department.

The work of the environmental health service is fully reported by the Chief Public Health Inspector.

The shortage of smokeless fuels forecast for the winter months of 1970/71 did not materialise but the precautions taken delayed the smoke control programme. The Northwest is falling behind the national norm in achieving a cleaner atmosphere and more positive action is called for to speed up the conversion of domestic heating appliances. It is a great pity that the national fuel policy or rather the lack of one necessitated the present expensive and cumbersome system of achieving smoke control from domestic premises.

The representation of groups of unfit houses is coming to an end and we shall soon be dealing with a mere handful of homes which constitute an annual wastage. Conversely the scheme for improvement of individual houses is accelerating, due no doubt to national publicity for the revised level of grant authorised by the Housing Act 1969. During the year the Department was heavily involved with the surveys of three proposed Improvement Areas. If this task is to be accomplished successfully, it is imperative that adequate funds be available to uplift the general environment. The meagre grant of £50 per house is entirely inadequate in the areas contemplated in Wigan.

The increasing number of complaints brought to the department concerning food which after purchase was considered unfit for consumption or which contained foreign material is in part a reflection on the growing awareness of the general public in matters of food hygiene. The spoilage or contamination is to some extent also a result of newer methods of retailing to the public. Bulk cash and carry food buying is only economical if adequate facilities exist at home for the proper conservation of perishable food prior to its consumption. The growth of "take away" cooked meal shops and "in your home" contract catering are both potentially hazardous and will require careful monitoring in the future.

In conclusion I must express my thanks to the staff for their loyal co-operation and for the high standard of work which they have maintained throughout the year. Similarly to the chief officers and technical staff of other departments of the Corporation and the officials of many voluntary bodies for their help from time to time and lastly to the Chairman and Members of the Health Committee for the interest and enthusiasm with which they have received the many problems which have been brought to them during the year.

J. HAWORTH HILDITCH,
Medical Officer of Health.

COMMUNITY HEALTH OFFICE,
MUNICIPAL BUILDINGS,
LIBRARY STREET,
WIGAN.

July, 1972.

Section I



**Natural and
Social Conditions
of the area**

GENERAL

Area in acres	5,083
Rateable Value of the Borough, 31st December, 1971	£3,478,841
Sum represented by a Penny Rate (1p)	£32,600
Registrar General's estimated population on 1st July, 1971 (on which figure statistics in this report are based)	81,140
Number of inhabited houses on the 31st December, 1971 (according to the Rate books)	27,483
Number of marriages solemnized within the Borough during 1971	723

The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleansing only during the winter months. The waters are badly polluted before they enter the borough and as a result of this and subsequent pollution the river maintains little or no life—plant or animal. This must surely be target number one in any effort to improve the environment. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

Geologically, the whole of the Borough rests on the lower coal measures, or Gannister beds, which are here very superficial. The subsoil is mainly clay which in places has a depth of nearly 20 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Standish. This sand is also found in “pockets” in other parts of the Borough. Much of the Western portion, beyond the Park lies on a fairly extensive gravel bed.

The population is essentially an industrial one, the principal industries being manufacture of heavy hydraulic mining and container handling equipment, iron and steel working, and the manufacture of clothing, telephone equipment, plastic hollow ware and paper board packing cases.

The development of the Lamberhead Green trading estate and the establishment of the Industrial Zone in Wallgate have brought some light industry to the town but more work of this sort is required. The Department of Employment and Productivity Remploy Factory caters for the disabled who are able to perform useful work.

The availability of female labour in the town has prompted the opening of more factories for the machining of garments and the packaging of mail order goods. This has had repercussions in the recruitment of labour for the Home Help Service. It also affects the availability of women able to help in many spheres of voluntary work.

The Scholes redevelopment scheme is now well established and as the flats, maisonettes and houses are completed it is remarkable to see the enthusiasm to return of many who have moved away from the centre of Wigan. The movement is particularly noticeable amongst the older age group who value the 'community' atmosphere and bustle associated with the busy town centre.

The census undertaken in April 1971 showed the population to be 81,258. This was an increase of 1958 over the Registrar Generals estimated figure for the previous year. The population figure for mid-1971 however revealed a modest decrease being estimated at 81,140.

Section I I

Statistics

VITAL STATISTICS, 1970-71

	1970	1971
Area (acres)	5,083	5,083
Population (Estimated by Registrar General)	79,300	81,140
Live Births : Male 806 \ Total	1,581	1,551
Female 745 /		
Rate per 1,000 population	19.9	19.1
Illegitimate Live Births per cent of total live births	5.1	5.0
Stillbirths : Number	27	24
Rate per 1,000 total live and stillbirths	17	15
Total Live and Stillbirths	1,608	1,575
Infant Deaths (deaths under 1 year)	30	41
Infant Mortality Rates :		
Total Infant Deaths per 1,000 total live births	19	26
„ „ „ England and Wales	18	18
Legitimate Infant Deaths per 1,000 legitimate live births	18	27
Illegitimate Infant Deaths per 1,000 illegitimate live births	38	25
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	11	17
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	11	15
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live & still births)	27	30
Maternal Mortality (including abortion):		
Number of Deaths	—	—
Rate per 1,000 total live and still births	—	—
Adjusted Birth Rate per 1,000 population (Area comparability factor 1.05)	20.9	20.1
Ratio of local adjusted rate to national rate	1.31	1.25
Birth Rate for England and Wales	16.0	16.0
Deaths of Infants under 1 day old	10	13
Ditto 1 year (legitimate)	27	39
Ditto 1 year (illegitimate)	3	2
Excess of Registered Births over Deaths	497	491
Deaths : Males 554 \ Total	1,084	1,060
Females 506 /		
Rate per 1,000 population	13.7	13.1
Adjusted Death Rate per 1,000 population (Area comparability factor 1.12)	15.3	14.7
Ratio of local adjusted rate to national rate	1.31	1.26
Death Rate England and Wales	11.7	11.6

1060 13.10

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1971

[illegible]

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1971 — continued**

[illegible]

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1971 — continued

[illegible]

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1971 — continued**

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	M. F.	554 506	14 13	8 6	— —	1 —	5 1	8 2	16 8	44 30	112 65	204 150	142 231
56 Cirrhosis of liver	M. F.	— 1	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	1 —
57 Other diseases of the digestive system	M. F.	2 7	— —	— —	— —	— —	— —	— —	— —	— 1	1 —	1 4	— 2
58 Nephritis and nephrosis	M. F.	3 4	— —	— —	— —	— —	— —	— —	— 1	1 2	— —	1 1	1 —
59 Hyperplasia of prostate	M.	2	—	—	—	—	—	—	—	—	1	—	1
60 Other diseases of the genito- urinary system	M. F.	1 1	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— 1	— —
61 Abortion	F.	—	—	—	—	—	—	—	—	—	—	—	—
62 Other complications of pregnancy, childbirth and puerperium	F.	—	—	—	—	—	—	—	—	—	—	—	—
63 Diseases of the skin and sub- cutaneous tissue	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
64 Diseases of the musculo-skeletal system and connective tissue	M. F.	— 3	— —	— —	— —	— —	— —	— —	— —	— 1	— 1	— —	— 1
65 Congenital anomalies	M. F.	3 4	2 3	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —
66 Birth injury, difficult labour, and other anoxic and hypoxic conditions	M. F.	7 4	7 4	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
67 Other causes of perinatal mortality	M. F.	5 5	5 4	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —
68 Symptoms and ill- defined conditions	M. F.	3 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 7
69 Motor vehicle accidents	M. F.	5 2	— —	— —	— —	— —	1 —	1 —	— —	2 —	— —	— 2	1 —
70 All other accidents	M. F.	4 14	— 1	— 2	— —	— —	— —	— —	1 —	— —	1 —	1 3	1 8
71 Suicide and self- inflicted injuries	M. F.	5 2	— —	— —	— —	— —	1 —	— —	1 —	3 —	— 1	— 1	— —
72 All other external causes	M. F.	1 3	— —	— 1	— —	— —	— —	— 1	— —	— —	— 1	— —	1 —

CRUDE DEATH RATES FOR WIGAN DURING THE LAST TEN YEARS

1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
12.57	13.26	12.48	13.22	12.77	13.78	13.10	13.8	13.7	13.1

INQUESTS AND UNCERTIFIED DEATHS

(Wigan Residents Only)

The number of inquests held during 1971 was 94, and the following verdicts were recorded :—

Natural Causes 56

Accidents :

Road 7

Fall—Home 8

—Hospital 1

—Work 2

Electrocution 1

Operation 2

Drowning—Bath 1

—Canal 1

Fire—Carbon Monoxide Poisoning 1

Bronchiolitis accelerated by
inhalation of stomach content 1

Asphyxia caused by overlaying
while in bed with parents 1

26

Suicide :

Poisoning 2

Drowning 2

Gunshot wound to head 1

Stabbing 1

Railway Train 1

7

Open :

Poisoning 2

Drowning 1

Newly born female of unknown origin 1

Laceration of liver and injuries
caused by multiple blows (female baby) 1

5

—

94

—

There was no uncertified death.

DEATHS FROM CERTAIN RESPIRATORY DISEASES

Comparative Rates per 1,000 population for the Past Five Years

BRONCHITIS AND EMPHYSEMA

	1967	1968	1969	1970	1971
Deaths	82	103	89	71	79
Rates	1.03	1.30	1.11	.90	.97

PNEUMONIA

Deaths	53	46	66	83	77
Rates	0.66	0.58	0.83	1.05	.95

PULMONARY TUBERCULOSIS

Deaths	5	4	—	5	5
Rates	0.06	0.05	—	0.06	.06

CANCER OF THE LUNG, BRONCHUS

Deaths	45	41	51	42	58
Rates	0.56	0.52	0.64	0.53	.71

OTHER DISEASES OF RESPIRATORY ORGANS

Deaths	14	26	17	12	29
Rates	0.18	0.33	0.21	0.15	.36

TOTAL FROM ALL RESPIRATORY CAUSES

Deaths	199	220	223	213	248
Rates	2.49	2.78	2.79	2.69	3.05

CANCER

Deaths 1896 - 1971

1896—1900	137	0.44	1936—1940	586	1.42
1901—1905	179	0.53	1941—1945	609	1.54
1906—1910	223	0.49	1946—1950	669	1.59
1911—1915	276	0.61	1951—1955	717	1.72
1916—1920	308	0.72	1956—1960	743	1.82
1921—1925	347	0.76	1961—1965	815	2.08
1926—1930	410	0.93	1966—1970	845	2.16
1931—1935	538	1.28	Year 1971	190	2.33

C A N C E R
Localisation of Disease, Number of Deaths and Rate per 1,000
Population Annually for the past Ten years

	1962		1963		1964		1965		1966		1967		1968		1969		1970		1971	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Uterus	8	.10	12	.15	7	.10	6	.08	6	.08	10	.13	13	.16	9	.11	4	.05	8	.10
Stomach	21	.27	27	.34	24	.31	24	.31	23	.29	22	.28	23	.29	35	.44	29	.37	22	.27
Breast	12	.15	17	.22	14	.18	15	.19	14	.18	18	.23	20	.25	15	.19	12	.15	15	.18
Lung, Bronchus	22	.28	46	.58	39	.50	46	.59	29	.37	45	.56	41	.52	51	.64	42	.53	58	.71
Other Sites	77	.98	79	1.00	83	1.07	87	1.12	80	1.02	76	.95	75	.98	78	.96	85	1.07	87	1.07
Total Deaths from Cancer	140	1.78	181	2.29	167	2.16	178	2.29	152	1.94	171	2.15	172	2.20	178	2.34	172	2.17	190	2.33
Total Deaths All Causes	992	12.57	1045	13.26	964	12.48	1027	13.22	997	12.77	1099	13.78	1042	13.10	1104	13.8	1084	13.97	1060	13.1

ANALYSIS OF LIVE PREMATURE OR LOW BIRTH WEIGHT BABIES, 1971

Weight at birth	Born in hospital				Born at home or in a nursing home								
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day				
	Total Births	Died			Total Births	Died			Total Births	Died			
(1)		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		(5)	within 24 hours of birth (6)	in 1 and under 7 days (7)		in 7 and under 28 days (8)	(9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)
1 2 lb. 3 oz. or less	5	4	1	—	—	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	9	4	—	1	—	—	—	—	—	—	—	—	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	11	2	—	—	—	—	—	—	1	—	—	—	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	25	2	—	—	—	—	—	—	—	—	—	—	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	45	2	1	—	4	—	—	—	1	—	—	—	—
6 TOTAL	95	14	2	1	4	—	—	—	2	—	—	—	—

INFANTILE AND MATERNAL MORTALITY

INFANTILE MORTALITY

The number of deaths of children under one year was 41, a rate of 26 per 1,000 births, and of children over one year and under five years, nil. (In 1970 there were 30 deaths under one year, at a rate of 19 per 1,000).

The deaths under one year occurred as follows :

Home :	Hospitals	
4	24	Billinge Hospital
	9	Royal Albert Edward Infirmary
	1	Royal Children's Hospital, Manchester
	3	Whelley Hospital

Of these, 23, i.e. 55 % died during the first week of life.

The NEO-NATAL DEATH RATE (deaths per 1,000 live births on or before the 28th day of life) was 17. The numbers were :

	Male	Female	Total
Legitimate	13	12	25
Illegitimate	1	1	2
	—	—	—
	14	13	27
	—	—	—

The PERINATAL RATE for the year was 30 compared with 27 in 1970 and 28 in 1969.

The average rates for the previous 30 years were as follows :

1941—1950	.....	57
1951—1960	.....	48
1961—1970	.....	31

The STILLBIRTH RATE for the year was 15 compared with 17 in 1970 and 17 in 1969.

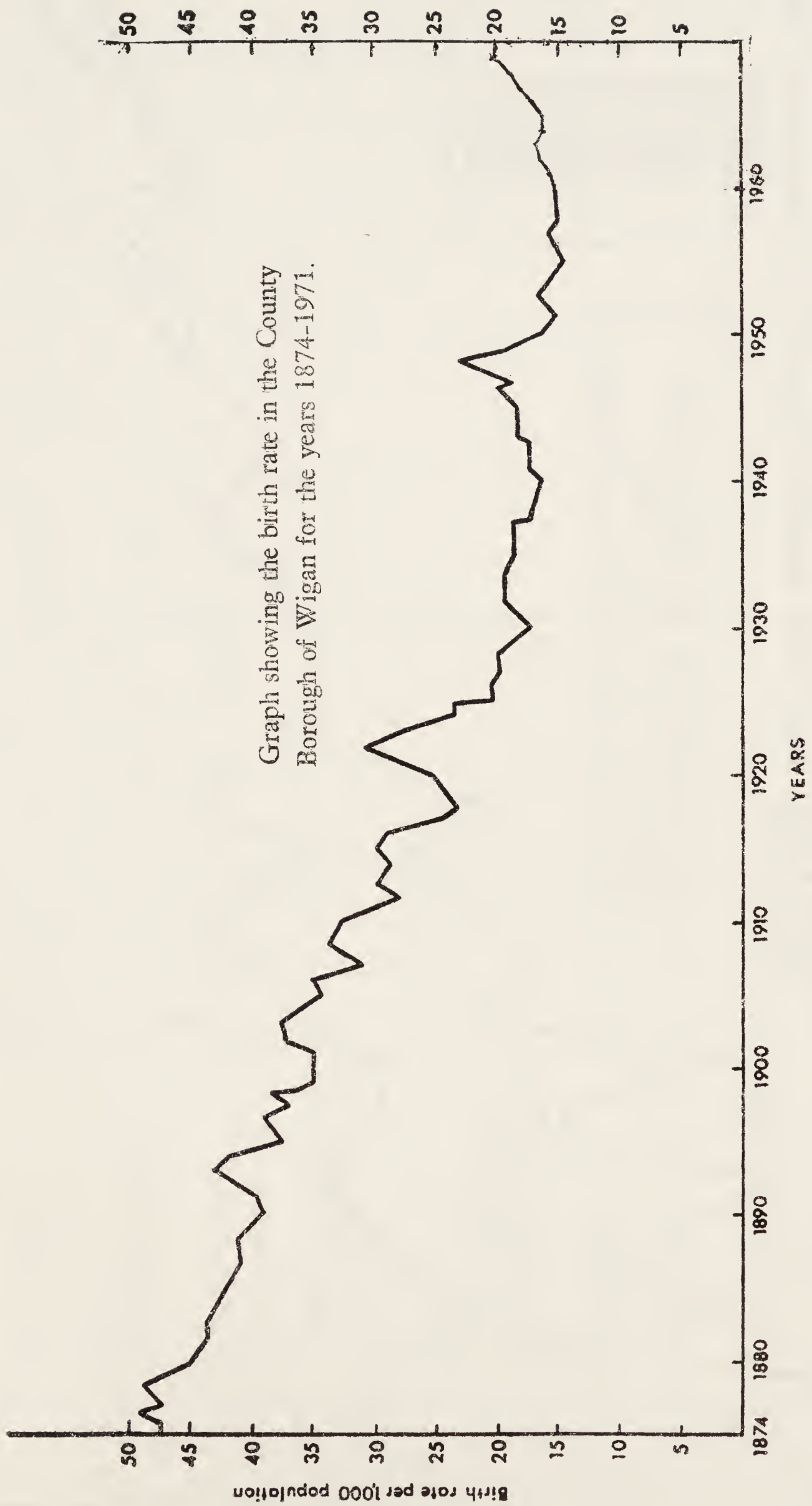
The average rates for the previous 30 years were as follows :

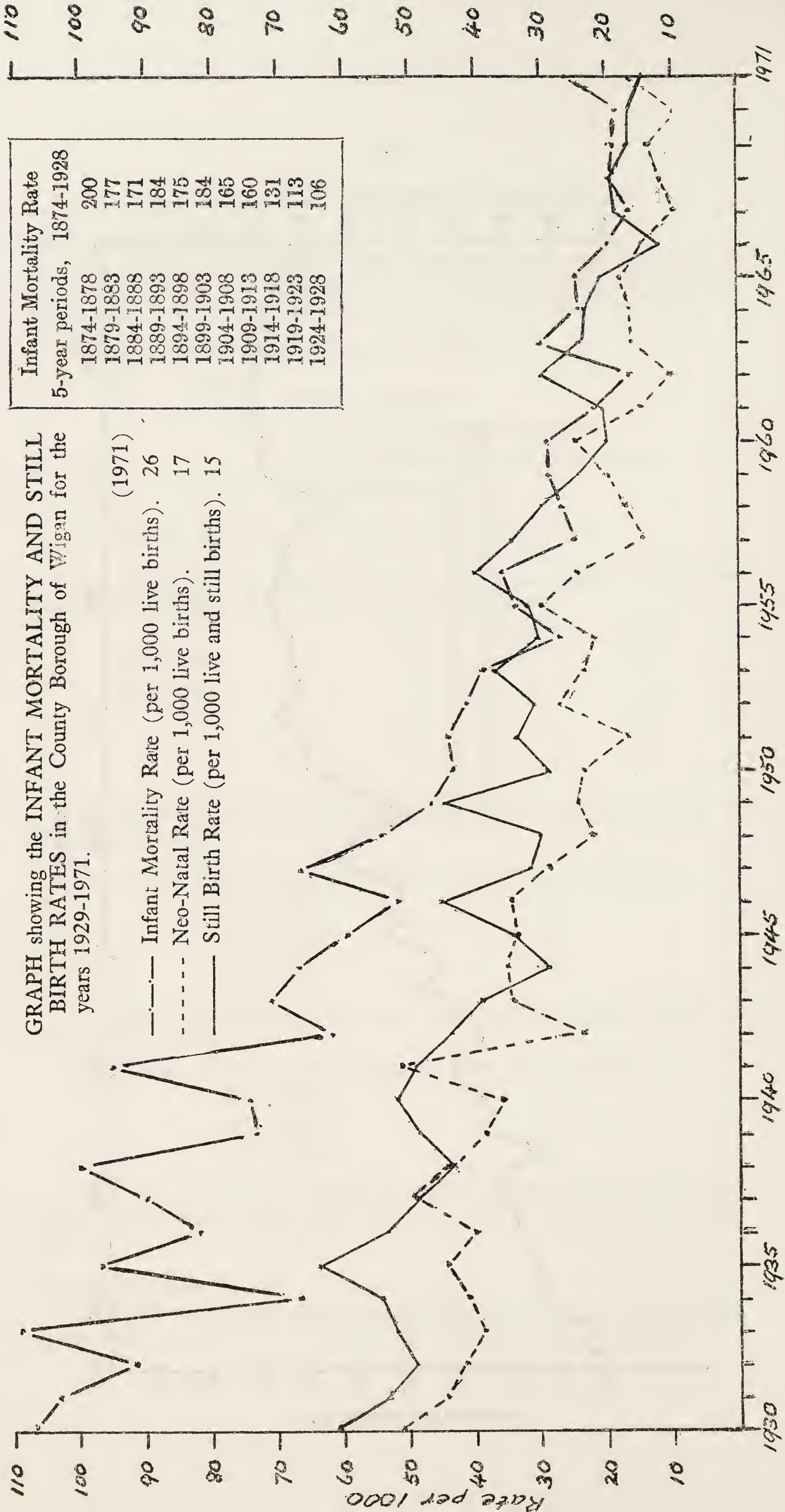
1941—1950	.....	37
1951—1960	.....	31
1961—1970	.....	20

Again prematurity and congenital malformations figured prominently in the causes of infant death. There were no deaths among the 4 premature babies born and nursed at home.

MATERNAL MORTALITY

Although no maternal death occurred during 1971, one death classified as meningitis was later reported as being "associated with pregnancy".





Number of Deaths from Stated Causes at Various Periods

Under 1 year of Age

CAUSE OF DEATH	Under 1 day	DAYS										MONTHS										Total under 1 year
		1	2	3	4	5	6	7	14-20	21-28	1	2	3	4	5	6	7	8	9	10	11	
Severe Gastro Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Cystic Fibrosis of Pancreas	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Cardiac Failure due to metabolic imbalance of unknown cause, Heart Stenosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Virus Pneumonia	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1
Bronchopneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Bronchiolitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Acute lower respiratory tract infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Diaphragmatic Hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Myelomeningocele with Hydrocephalus and paralysis of both legs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Microcephaly	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Congenital Heart Disease	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cardiac Failure, Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Asphyxia Neonatorum, Possible Congenital Heart Disease	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cardiac failure probably due to a Congenital Heart, Hypothermia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Foetal Asphyxia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory Distress Syndrome	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Respiratory Insufficiency, Atelectasis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Atelectasis, Prematurity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Haemorrhagic disease of the newborn, Prematurity, Respiratory distress syndrome	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Apnea Respiratory failure, Extreme Prematurity	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Apnea Episodes, Respiratory distress, Prematurity Prematurity, Respiratory Distress Syndrome,	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Neonatal Apnea	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity, Respiratory distress syndrome	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory Distress, Prematurity	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity, Rhesus incompatibility	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Heart failure, Severe anaemia, Rhesus incompat- ibility	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity, Abruptia Placenta	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Ventricular Failure, Congestive Heart Disease (Congenital)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Prematurity	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Found to have died of Bronchiolitis, accelerated by inhalation of stomach content—Accidental	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Inattention at birth in circumstances of which there is insufficient evidence — open — no evidence of separate existence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphyxia caused by overlaying while in bed with her parents — Accidental	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Internal haemorrhage and shock caused by lacerations of the liver and other injuries caused by multiple blows	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	13	7	1	—	1	—	1	3	—	1	5	—	2	5	—	1	—	1	—	—	—	41

Section III

National Health Service Act, 1946

Provision of Health Services

MATERNAL AND CHILD HEALTH SERVICES

ACTIVITY TABLE

Premises	Monday	Tuesday	Wednesday	Thursday	Friday
Longshoot Health Centre	BC	I	E	F	AC
Wigan (Millgate) Clinic	CH	CG	AGH	DFGH	BEG
Pemberton Clinic	AG	GI	BF	CG	FG
Worsley Mesnes Clinic	B	A	C	—	—
Marsh Green Clinic	C	—	A	F	—
*Goose Green Clinic	—	—	—	A	—
*Highfield Clinic	A	—	—	—	—
*Springfield Clinic	—	A	—	—	—

A—Child Health Clinic

E—Relaxation Class

B—Developmental Paediatrics

F—Cytology

C—Ante-natal Clinic

G—Dental Clinic

D—Post-natal Clinic

H—Orthopaedic Clinic

I—Toddler Clinic

* Rented Church or Hall Premises

LONGSHOOT HEALTH CENTRE

In 1966 it became clear that two group practices in the Scholes area would lose their surgeries because of slum clearance. It was also evident that the local health authority would, for the same reason, lose the use of its clinic premises at Platt Lane. Accordingly, informal discussions were held with the family doctors in the area and the Clerk of the Executive Council and it was decided to pursue arrangements for the provision of a health centre. The site of the building and the design were discussed and agreed by the family doctors who were to use it and the officers of the local authority who were finally responsible for the design.

The Health Centre, which took eighteen months to build, became operational on 27th May, 1971, and the official opening ceremony, on 9th June, 1971, was performed by Alderman J. T. Lynch, J.P., in his dual roles of Chairman of the Health Committee and Chairman of the Wigan Health Executive Council.

DESCRIPTION OF THE BUILDING

The building, which is laid out generally in accordance with the recommendations of the Department of Health and Social Security Design Guide, is situated in an elevated position on a main road and overlooking the town centre. It was designed and constructed under the direction of the Director of Public Works by the Assistant Borough Architect and the Council's Direct Labour Building Department. The furniture and equipment were provided and installed by a specialist firm.

The entrance hall gives access, on the left, to an enquiry office and food sales counter and, on the right, to toilets for use by the public and a corridor leading to accommodation for a chiropodist and a social worker. From the entrance hall, a second doorway leads into the waiting room. Immediately on the left of the waiting room is a reception and records office which gives access to the Health Centre Secretary's office. To the right of the waiting room and screened by a movable partition is a health education room beyond which is a children's play room and an enclosed outdoor play space. There is a tea bar with hatches opening on to both the waiting room and the health education room. Directly opposite to the entrance, a door leads to a clinic/screening room and office accommodation for health visitors and home nurses. Facing the waiting room is a corridor on the right of which is a treatment room giving on to a small clinical laboratory. On the left is the entrance to the reception and records office. At the end of the corridor is a pleasant patio on each side of which are corridors, each with four consulting rooms with adjacent examination rooms. One of the examination rooms has been sound-proofed and doubles as an audiometry room. Between the last two consulting rooms is a common room with a small kitchen attached. A parking ground is provided at the rear of the building.

Adjacent to the Health Centre, a small bungalow has been provided for a caretaker and her family. The caretaker is responsible for the smooth running of the domestic aspects of the building, its cleanliness and its

security. In the short term at least the provision of this bungalow and a resident caretaker would appear to have been justified as there has been no vandalism nor breaking and enterings since the centre was opened. It is well-known in the area that the caretaker's husband is an ex-guardsman, and the knowledge of his presence may well have some influence in deterring would-be vandals.

The building is faced externally with red rustic brickwork bedded in cement mortar; internal brick facings are in black mortar with a recessed joint. The roof is generally flat with a timber lightweight structural roof of butterfly design spanning the waiting and health education areas. Wall surfaces to toilets are sprayed with a hard abrasive resistant finish, easily cleaned and hygienic and the floors are finished in terrazzo tiling. Elsewhere the floor is in P.V.C. vinyl asbestos tiling. Walls are generally plastered and the ceilings to the corridors in the group practice areas are of acoustic tiles. Underfloor electric heating is provided and the water supply is tank fed with mains cold points for drinking purposes. The decorative scheme, furniture and fittings were selected and carried out in accordance with the recommendations of the Medical Officer of Health and the family doctors.

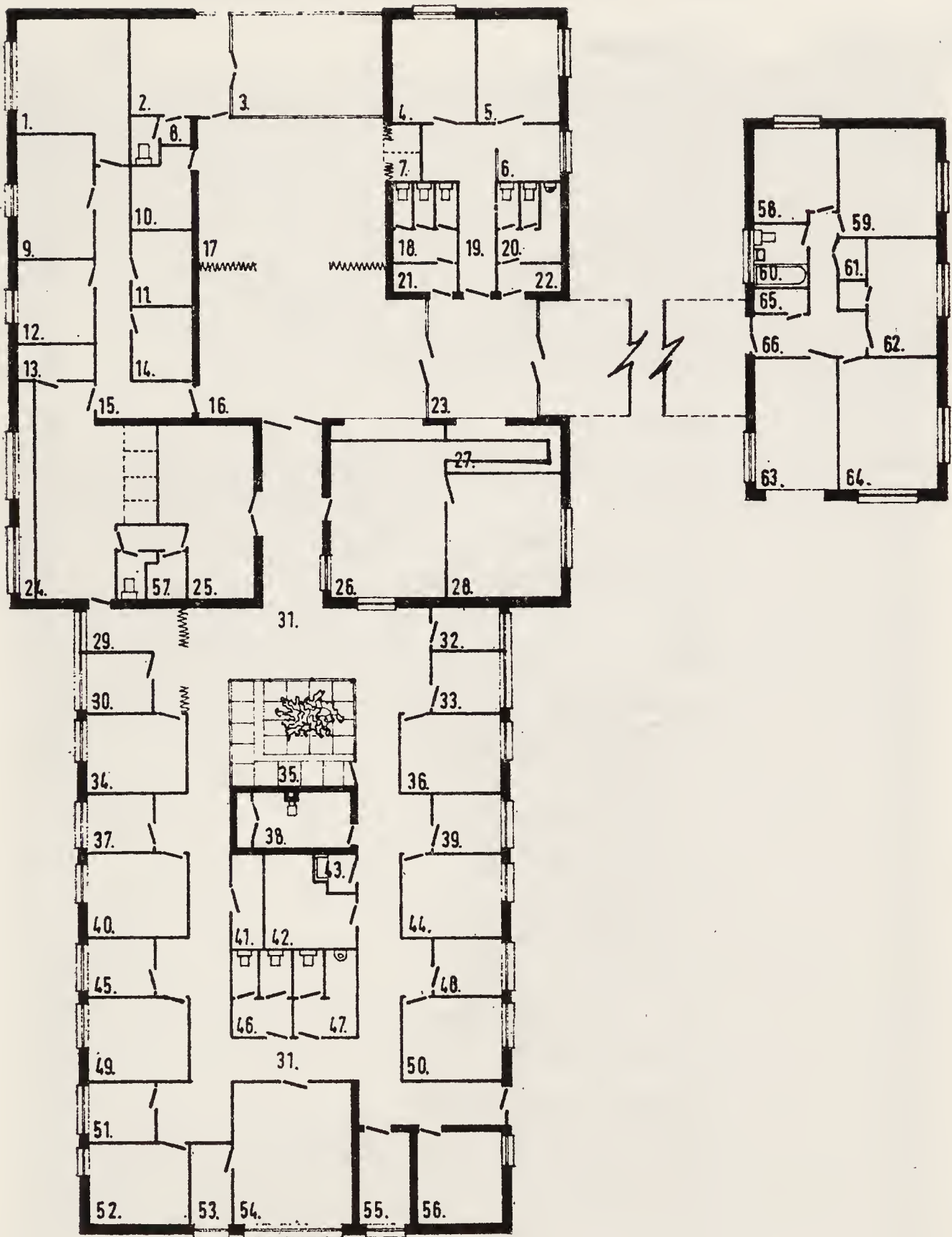
THE STAFF

The two groups, each of three family doctors, employ their own receptionists and a practice nurse. Secretarial assistance is given on repayment by the local health authority staff as required. Health visitors are attached to the group practices and home nurses are based on the Centre. Within a relatively short time, all concerned became accustomed to their new surroundings and a happy spirit of co-operation exists.

THE SERVICES

The following services provide integrated community health care for a large group of Wigan residents :

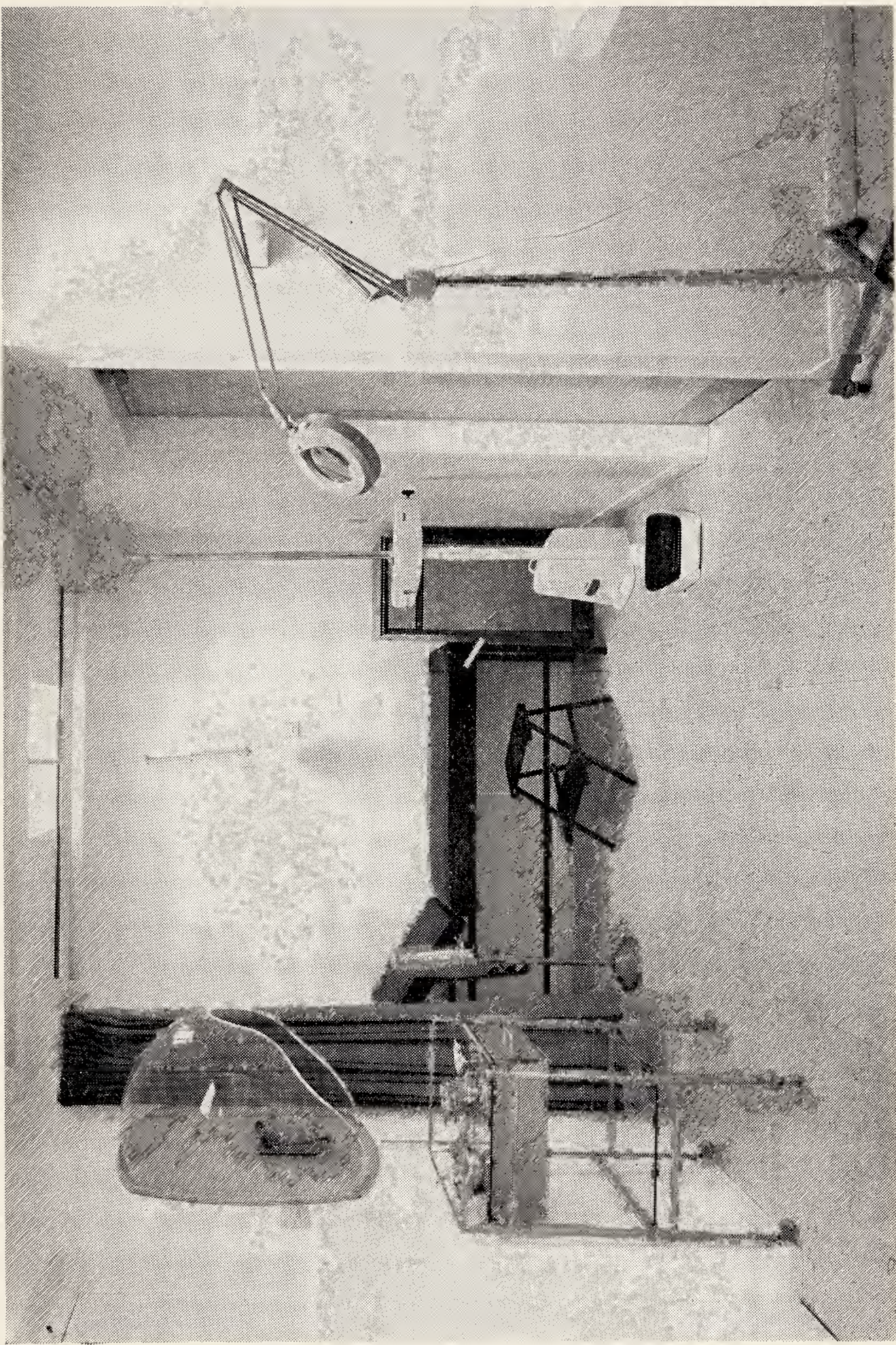
- Family Doctor
- Health Visiting
- Home Nursing
- Family Planning
- Ante-natal Care
- Child Health Clinic
- Toddler Clinic
- Developmental Paediatrics
- Audiology
- Welfare Foods
- Cytology
- Chiropody
- Health Education



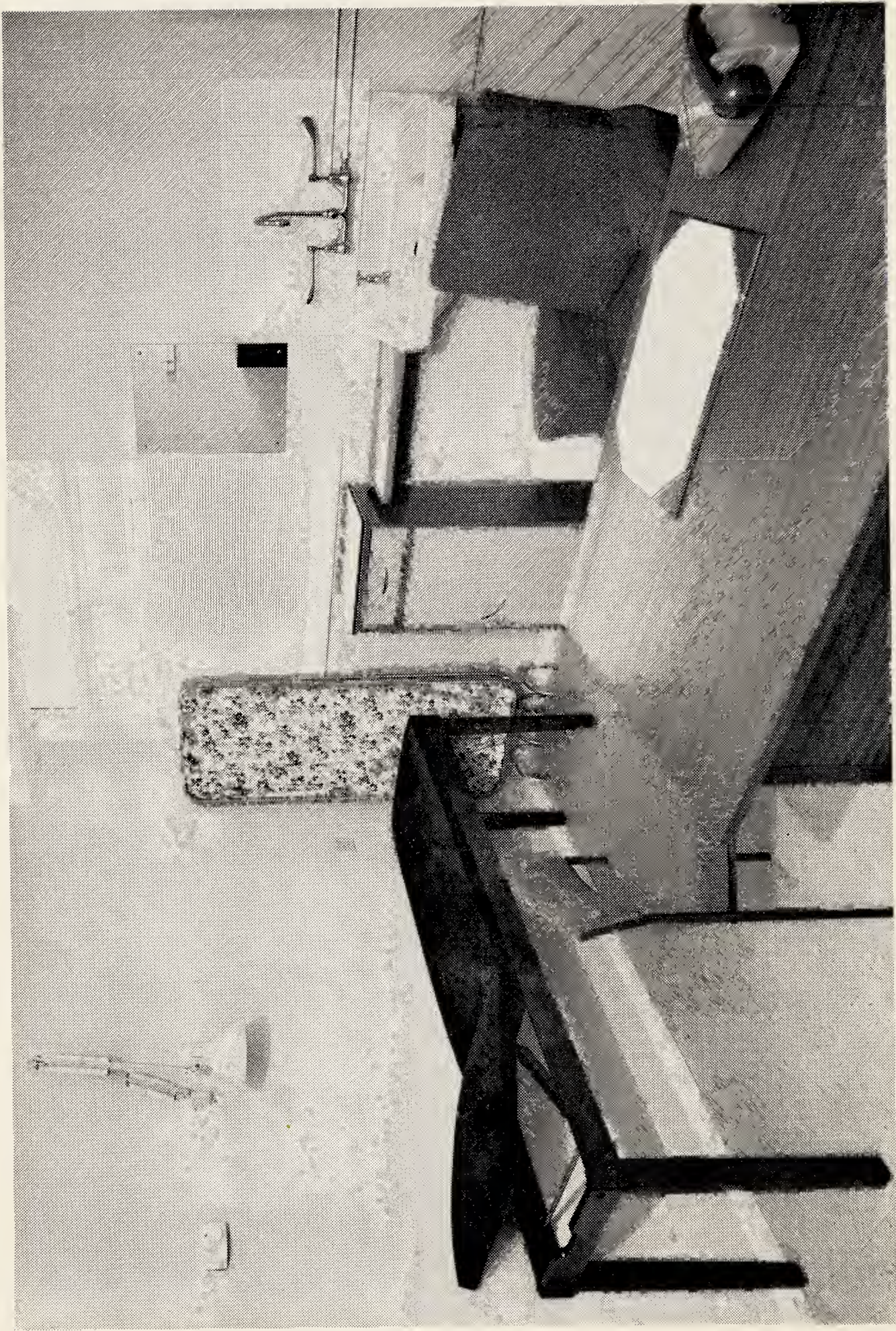
FLOOR LAYOUT PLAN

KEY TO FLOOR LAYOUT PLAN

No. on Plan	Description	Area (sq. ft.)
1	Health Visitors	200
2	Playroom	131
3	Patio	193
4	Chiropody	120
5	Social Workers	120
6	Interview Room	54
7	Changing Cubicles	24
8	W.C.	27
9	Home Nurses	135
10	H.E. Store	61
11	Kitchen	611
12	Domestic Service	84
13	Family Planning Store	31
14	Store	55
15	Circulation Area	148
16	Waiting Area	434
17	Health Education Area	396
18	Female w.c.	70
19	Circulation Area	138
20	Male w.c.	70
21	Female Cloaks	27
22	Male Cloaks	27
23	Entrance	217
24	Clinic/Screening Room	360
25	Treatment Room	233
26	Reception and Records	302
27	Enquiries and Welfare Foods	101
28	General Office	197
29	Circulation Area	93
30	Examination Room	52
31	Circulation Area	1078
32	Store	36
33	Examination Room	52
34	Consulting Room	120
35	Open Court Area	173
36	Consulting Room	120
37	Examination Room	52
38	Incinerator Room	93



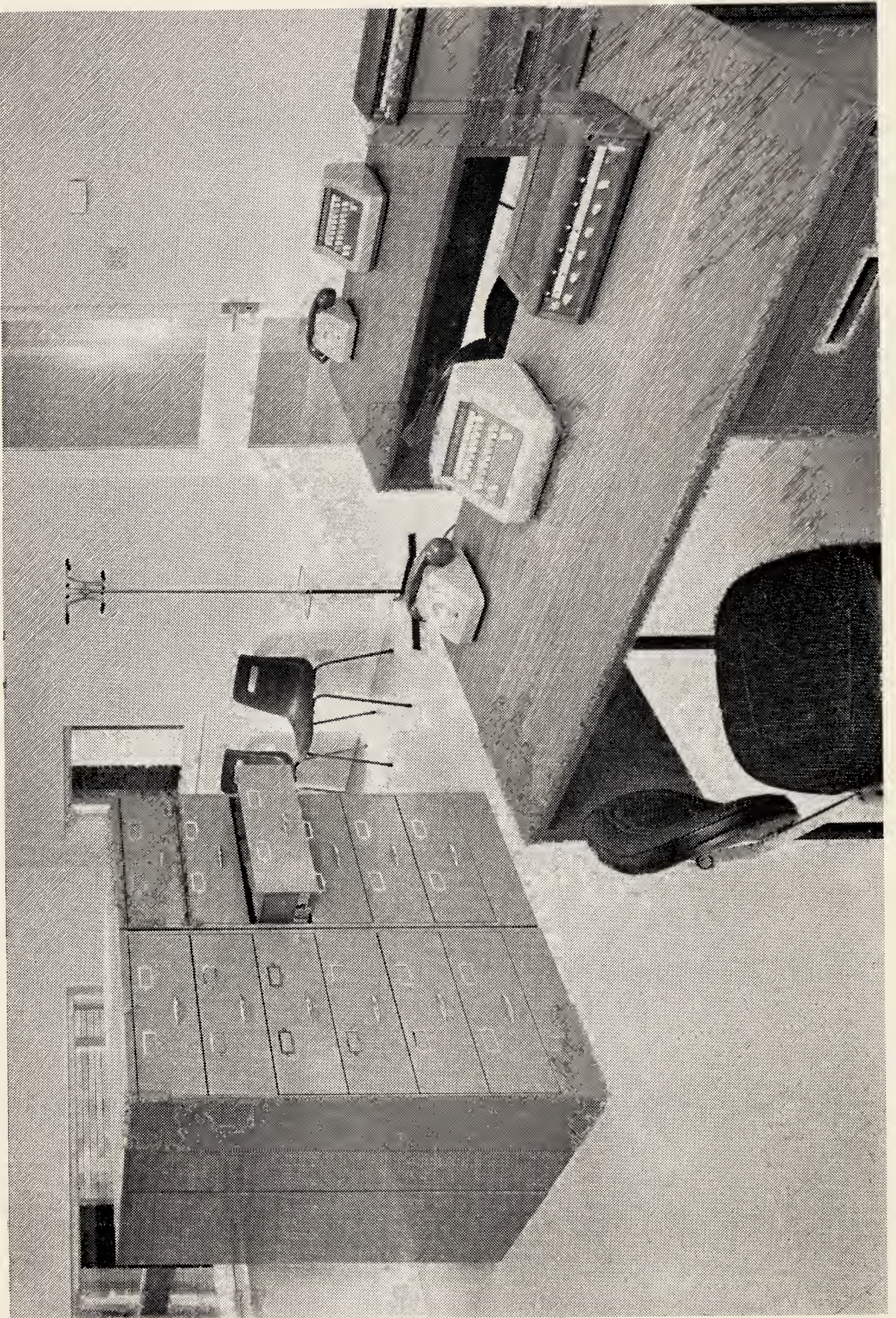
TREATMENT ROOM



FAMILY DOCTOR'S CONSULTING ROOM



STAFF ROOM



RECEPTION AND RECORDS OFFICE

39	Examination Room	52
40	Consulting Room	120
41	Cleaner's Store	44
42	Store	100
43	Shower	20
44	Consulting Room	120
45	Examination Room	52
46	Female Staff w.c.	69
47	Male Staff w.c.	68
48	Examination Room	52
49	Consulting Room	120
50	Consulting Room	120
51	Examination Room	52
52	Consulting Room	120
53	Utility Room	50
54	Staff Room	235
55	Audiometry Room	63
56	Consulting Room	135
57	W.C. Laboratory and access	63

CARETAKER'S FLAT

58	Bedroom 2
59	Bedroom 1
60	Bathroom
61	Store
62	Kitchen
63	Garage
64	Living Room
65	Cloaks
66	Entrance Hall

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE-NATAL CARE

Family Doctors were booked to undertake the ante-natal care of expectant mothers in almost 100% of home confinements. The trend towards the more educational aspect of maternal welfare, including the instruction of mothers in personal and family hygiene and the dissemination of information to create the best psychological approach to the actual delivery, continued during the year.

Ante-natal clinics were held weekly at the Central, Pemberton, Longshoot (from 1.7.71) and Marsh Green Health Centres and fortnightly at Worsley Mesnes Clinic. These sessions are now dealt with by Midwives only, in conjunction with Family Doctor care. A Consultant Obstetrician attended the Central Health Centre, Millgate, for one session per month.

Ante-natal care at clinics included the chest X-ray of expectant mothers and samples of blood were taken to test the Rhesus factor, the Wasserman reaction and haemoglobin content. Iron therapy, in the form of Ferrous Gluconate tablets, and supplies of welfare foods and vitamins were made available. Maternity outfits were provided by the midwives for domiciliary confinements and to patients discharged after 48 hours from Billinge Hospital.

ATTENDANCES AT ANTE-NATAL CLINICS

	WIGAN CENTRE WEEKLY CLINIC	CONSULTANT CLINIC	PEMBERTON WEEKLY CLINIC	MARSH GREEN WEEKLY CLINIC	WORSLEY MESNES FORTNIGHTLY CLINIC	LONGSHOOT WEEKLY CLINIC
Number of Patients	163	25	25	19	60	70
Number of Attendances	632	168	345	11	289	621

The clinic held at the Worsley Mesnes centre was at fortnightly intervals whereas previously it had been held on a weekly basis. The sessions supervised by family doctors at the Pemberton and Wigan (Millgate) centres were continued and a similar venture commenced at the newly-built Longshoot Health Centre in July, 1971. These clinics are attended by the midwives most likely to be responsible for the delivery or post-natal care of the patients involved.

The majority of patients continue to attend ante-natal sessions held by Family Doctors in their own surgeries. Midwives attended clinics in nine group practice surgeries and in all 387 sessions were involved.

POST-NATAL CLINICS

A Consultant Obstetrician held one post-natal session each month and nursing mothers were encouraged to attend for examination. No distinction was made between domiciliary and hospital confined patients, but almost all domiciliary patients were seen by their Family Doctors.

The majority of mothers attending at Millgate Health Centre had had hospital confinements but attended this post-natal clinic for their own convenience and in order to ease the pressure at Billinge Hospital.

10 women underwent cytology examination.

CARE OF THE UNMARRIED MOTHER

The closure in 1970 of the only residential home in the borough for unmarried mothers reflected the decline in demand for such accommodation. The Authority now makes direct payments to homes outside the borough for the residential care of Wigan girls, when the need arises.

HEALTH EDUCATION FOR EXPECTANT MOTHERS

Mothercraft training and exercise classes for expectant mothers were held throughout the year at the Wigan (Millgate) health centre, and the Longshoot Health Centre from July, 1971. Throughout each series of classes, expectant mothers join in group discussion on mothercraft, diet, pregnancy, labour and general care of the infant. Maximum use of film and filmstrips is made. Relaxation exercises are taught and reassurance given to allay any fears which may exist. The classes are conducted by Health Visitors in a fairly informal manner. This makes for truly friendly, relaxed visits by the young mother-to-be.

DENTAL CARE FOR EXPECTANT MOTHERS

As in previous years, facilities remained available for the dental examination and treatment of expectant mothers. All expectant mothers are offered the opportunity of benefitting from this convenient service but demand is small.

Analysis of Dental Care—Expectant Mothers

Equivalent Sessions	Examined	Needing Treatment	Offered Treatment	Treated (inc. those carried over from 1970)	Made Dentally Fit
2.0	2	2	2	4	3

CARE OF CHILDREN UNDER SCHOOL AGE

CHILD HEALTH CENTRES

At the beginning of the year, weekly clinics were being held at seven Child Health Centres. The completion of the Longshoot Health Centre in mid-1971 afforded the opportunity for an eighth Child Health Centre to be used on a weekly basis. The mothers and children who began attending this session had, since April, 1970, been temporarily visiting the clinic held at the Wigan (Millgate) Health Centre.

Analysis of Attendances :

CLINIC	Attendances of Children			Total	Primary Cases	Cases examined by medical attendant	Mothers Attend'g
	under 1 year	over 1 and under 2	2 and under 5				
Central	1675	316	418	2409	288	668	2128
Longshoot	1210	258	275	1743	209	501	1531
Pemberton	2421	440	349	3210	324	529	2978
Worsley Mesnes	2597	514	374	3485	245	1197	3090
Springfield	1664	316	414	2394	193	938	2125
Highfield	2434	569	365	3368	189	842	3108
Goose Green	2933	448	392	3773	253	1288	3500
Marsh Green	978	191	237	1406	105	476	1264
	15912	3052	2824	21788	1806	6439	19724

The total of attendances again rose and is the highest ever recorded. Such an increase would not occur spontaneously and the Health visitors must take credit for the steady improvement in attendances in recent years, as their work is the greatest single factor influencing the regularity of visits to the clinics.

The teaching of mothercraft in Secondary Schools for over ten years has undoubtedly left its mark on many of today's young mothers, and the use of an appointments system for vaccination and immunisation has also resulted in increased attendances, but whatever influences mothers to first attend only confidence in the staff and the standard of service they receive will ultimately encourage them to make regular return visits. The fact that so many are now regularly attending speaks highly of the quality of work performed and advice given by both medical and nursing staffs.

No consultant attends at the child welfare centres but cases are referred from them to the Paediatrician at the Royal Albert Edward Infirmary. A Health Visitor attends the weekly Paediatric Clinic at the Infirmary as liaison officer and adviser on the social aspects of the cases. Cases are also referred to the Infirmary for orthoptic treatment.

An Orthopaedic Surgeon attends the Central Clinic in Millgate one session each month. Breathing exercises and other treatment are given on Monday, Wednesday, and Thursday each week by the Orthopaedic nurse.

A Toddler Clinic is held each Tuesday morning at either the Longshoot or Pemberton Health Centres. A Medical Officer attends the sessions to which selected children are referred by Health Visitors.

CHILD GUIDANCE

Dr. Moira P. Jonas, Consultant Child Psychiatrist, holds weekly clinics at Pemberton Health Centre at which school and pre-school Wigan children are seen. She is assisted by the Educational Psychologist, Mr. J. H. Valentine.

A new venture that has proved to be very successful is the Observation Unit where younger children can be assessed in a stress free educational environment. The provision of a school for maladjusted children in conjunction with the provision of special units within the framework of the local school would be valuable extensions to the Unit.

DISTRIBUTION OF WELFARE FOODS

National Welfare Foods are distributed from the Welfare Food shop which is situated in the Municipal Buildings and from the various Child Health Clinics in the Borough. Proprietary branded milk foods and vitamin supplements are also sold. The quantities issued or sold during the year were :

National Welfare Foods :

National Dried Milk	5,305 boxes
Orange Juice	31,942 bottles
Cod Liver Oil	2,035 bottles
Vitamin A and D tablets	2,803 packets
Children's Vitamin A and D Drops	1,752 bottles

Proprietary brands of foods and vitamin supplements :

Proprietary milks	41,665 packs
Vitamin supplements	8,625 packs
Rose Hip Syrup	4,636 bottles
Cereals	6,655 packets
Complan	2,792 packs
Malt extract	326 jars

In accordance with advice issued by the Department of Health and Social Security, the sale of Cod Liver Oil as part of the National Welfare Food Service ceased on 30th April, 1971. The availability of stocks, however, meant that this commodity was left on sale as part of the Authority's Welfare Food Service and will remain so until supplies are no longer available. The Welfare Food Service has been available to the general public on Saturday mornings at the Central Shop in the Municipal Buildings. The number of persons taking advantage of the service on this day, however, was not sufficient to justify its continuation and with effect from 1st December, 1971, the shop ceased to be open on Saturday mornings.

DAY NURSERY

Ellesmere Road Day Nursery, Pemberton, provides accommodation for 67 children and was open Monday to Friday from 7-30 a.m. to 6-0 p.m.

Priority of admission is given to the children of unsupported mothers, separated or divorced parents and parents who are temporarily unable to care for them, but many places are still available for children whose parents are both working. Demand for places remained at a high level and there was a waiting list of children seeking admission.

A Medical Officer attended the nursery each week to supervise the health of the children. In 1971 the average daily attendance was 65, compared with 61 in 1970 and 63 in 1969.

The Director of Social Services assumed control of this service in December, 1971, when it was transferred to the newly created Social Services Department.

DENTAL CARE AND TREATMENT

Although facilities are available for the dental examination of pre-school children, the task of encouraging parents to take advantage of the service has been as difficult as ever. An invaluable co-operative effort by medical, dental and health visiting staff ceaselessly endeavours to educate parents of the vital importance of early dental care.

Analysis of Dental Care—Pre-school Children

Equivalent Sessions	Examined	Requiring Treatment	Offered Treatment	Treated	Made Dentally Fit
5.0	48	40	39	37	28

CONGENITAL MALFORMATIONS

Local arrangements have been made for congenital malformations apparent at birth to be notified to the Medical Officer of Health by the doctor or midwife in attendance at birth, and all concerned have co-operated fully.

The following analysis shows the number of defects found during the year.

Malformations of—

Central nervous system	8
Eye and ear	3
Alimentary system	5
Heart and circulatory system	7
Urino-genital system	12
Limbs	28
Other parts of Musculo-skeletal system	27
Others	3
Total	93

The number of children with congenital malformations at birth was 88. This figure is less than the total number of malformations shown in the analysis because it is possible for a child to have more than one malformation at birth.

NURSERIES AND CHILD MINDERS REGULATIONS

The strengthening of the 1948 regulations by the Health Services and Public Health Act, 1968 caused a large increase in the number of applications for registration as a Child Minder. During the year 13 new registrations were granted for 32 children and at the end of the year there was a total of 24 registered child minders responsible for 55 children. Regular supervisory visits were made to each child minder and advice was given where necessary.

There is a constant interest in the establishment of playgroups. Notes of guidance regarding standards have been issued by the Community Health Office and any person seeking to establish a playgroup is offered advice by the Superintendent Health Visitor. Thirteen playgroups operated during 1971.

The responsibility for child minding and playgroups was transferred to the newly-created Social Services Department on 13th December, 1971, when the Director of Social Services assumed executive control of his department.

PREVENTION OF BREAK-UP OF FAMILIES

CO-ORDINATING OFFICER

Following a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education, regarding Children Neglected or Ill-treated in their Own Homes, the Medical Officer of Health was designated as co-ordinating officer to secure full co-operation among all the local services, statutory and voluntary in the Borough.

CO-ORDINATING COMMITTEES

It is the duty of the co-ordinating officer to convene meetings of representatives of the various interested bodies to consider significant cases of child neglect and all cases of ill-treatment of children. This Co-ordinating Committee has continued to meet at regular intervals.

The Council also appointed the Chairmen and Vice-Chairmen of the Children's, Education, Estates and Health Committees to determine questions of a special nature on the subject of the circular at elected representative level.

On 1st October, 1963, Section 1 of the Children and Young Persons Act, which extended the power and duties of Local Authorities to promote the welfare of children, was brought into operation. This section was not intended to upset the arrangements already in existence for the performance and co-ordination of preventive work. It did, however, provide statutory authority to perform welfare work and meet any consequent expenditure relating to families where children are likely to need care.

These powers are of great assistance to the Co-ordinating Committee in their preventive case work.

The Committee has representatives of the Health, Education, Children's and Housing Departments of the Local Authority, the Department of Employment and Productivity, Department of Health and Social Security, Probation Service, N.S.P.C.C., the Wigan and District Moral Welfare Association and the W.R.V.S. It meets at bi-monthly intervals to co-ordinate policy and to minimise multiple visiting by social workers which can prove confusing to the family concerned. Liaison is maintained among the Committee members to effect continued help to the families between meetings. A number of voluntary agencies who are not represented at the meetings give timely help in the provision of goods, services and monetary grants and this assistance is greatly appreciated.

Number of cases under review, 1st January, 1971	.....	.....	14
Number of new cases during the year	.....	.....	3
Number ceased to be considered	.....	.....	6
Number of cases under review, 31st December, 1971	.....	.....	11

The Director of Social Services assumed executive control of his Department in December, 1971, and although the designation of some of the officers attending the Co-ordinating Committee will of necessity change, the purpose of the committee will not.

BATTERED BABIES

The joint letter dated 9th February, 1970, received from the Chief Medical Officer of the Department of Health and Social Security and the Chief Inspector of the Children's Department at the home office reminded us that in 1966 the British Paediatricians' Association published a memorandum on "The Battered Baby" which appeared in the British Medical Journal, 5th March, 1966, pages 601-603, giving advice on action which might be taken when deliberate injury to a child was suspected and quoting extracts from the statutes which may be relevant in dealing with such situations.

Consequently, the Consultant Paediatrician from the Wigan and Leigh Hospital Management Committee was invited to address a meeting of County Borough and County Medical Nursing and Social Work Staffs, together with social work representatives from Government and Voluntary Agencies as well as the Police. The timing of the meeting proved inconvenient to the Family Doctors, but a comprehensive letter giving details of both the joint circular and the proceedings of the meeting was sent to them.

During 1971, "Baby Battering" as a possible diagnosis was suggested in two instances. The first case involved a small boy who received bruising round both eyes, the blows allegedly being inflicted by another child. Co-operative action taken by Police, Social work and Health Visiting staff resulted in the boy being taken into care whilst certain domestic difficulties were settled.

The circumstances surrounding the second case were more serious and caused the death of a six month old infant. An extremely disrupted domestic environment had already caused the various statutory and voluntary social service agencies to concentrate their efforts on improving the situation. The mother's response to these efforts, however, was not wholly satisfactory and multiple injuries sustained by the infant resulted in its death. The young woman was committed to trial and imprisonment followed.

COMMUNITY NURSING — MIDWIFERY SERVICES

The staff employed at the end of the year was one non-medical Supervisor, and 12 whole-time municipal midwives.

There were 341 cases compared with 409 in 1970, representing 22% of the total Wigan births during the year. The family doctor was booked in every case. The midwives made regular ante-natal visits to all patients and 5,555 such visits were made. After delivery the midwives attended patients for a minimum of ten days and for a longer period if necessary; 11,458 such visits were made.

GENERAL PRACTITIONER UNIT—BILLINGE HOSPITAL

This scheme, whereby the delivery of a family doctor supervised case takes place in hospital, but attended by a Domiciliary Midwife, was first introduced in 1970. Five deliveries took place involving Wigan residents at the unit during 1971.

EARLY DISCHARGE

The system of 48 hour discharge for selected cases continued during the year with full prior agreement between the hospital, family doctors and the midwifery service. However, many other mothers were discharged from hospital before the tenth day because of the shortage of staffed hospital beds and such cases have increased the work of the service. There were 1,311 early discharges, of which 397 were planned 48-hour discharges.

HOSPITAL BOOKINGS

Hospital confinement was restricted to certain categories of patients, i.e. where there was some obstetrical abnormality, for primiparae who sought admission, for cases where there was some associated medical condition and for those whose home conditions were unsuitable. Visits were made to 768 homes regarding their suitability for the nursing of patients discharged from hospital in 48 hours. These investigations were carried out by the midwives on whose areas the patients resided.

NIGHT ROTA SYSTEM

The night rota system for midwives continued to operate. Two or three midwives were on duty each night and attended all calls within the Borough. This team of midwives remained on night duty for a whole week and could then expect no further night calls for three weeks. Calls during

the night were made to the Ambulance Station and the Control Assistant contacted the appropriate midwife. The arrangements worked very satisfactorily and enabled midwives to enjoy a more normal home life for three weeks in four.

ANTE-NATAL CLINICS

The ante-natal clinics were attended by midwives on a rota basis. This ensures that midwives meet patients from different areas and of various general practitioners, thus enabling them to meet women they might deliver because of the night rota system. A total of 1,605 blood samples were taken comprising 126 for Wasserman reaction, 173 for the Rhesus factor and 1,276 for haemoglobin estimation.

In order to assist the Consultant Venereologist in his research programme, 25 samples of blood were taken from 7 ante-natal patients.

Samples of blood were taken for testing at the request of family doctors and the Consultant, although some doctors arrange to have samples taken at the Royal Albert Edward Infirmary.

Chest X-rays were arranged whenever necessary and 46 patients were referred to the Chest Clinic; all kept their appointments.

MEDICAL AID

The rules of the Central Midwives Board require midwives to send for medical aid under conditions and for reasons specified. Medical aid was summoned in 9 cases involving conditions arising during the ante-natal period, in 32 cases for the mother alone, in 12 cases for the child alone, and 8 cases for both mother and child. The family doctor had been engaged in each of these cases.

ANALGESIA

Each midwife carried an "Entonox" machine or a "Trilene" outfit. Entonox machines have been approved by the Central Midwives Board for use by unsupervised midwives and provide for the administration of a 50/50 mixture of nitrous oxide and oxygen. Cylinders of analgesic gases were supplied through the Ambulance Depot.

Details of analgesics administered by midwives during the year are shown below :

	No. of cases
Trilene only	23
Pethilorfan only	44
Trilene and Pethilorfan	53
Nitrous Oxide and Oxygen only	49
Nitrous Oxide and Oxygen and Pethilorfan	147

EMERGENCY OBSTETRICAL UNIT

By arrangement with the Wigan and Leigh Hospital Management Committee a mobile Obstetrical Unit based on Billinge Hospital was available for cases of obstetrical emergency occurring within the Borough. The unit composed of an obstetrician and a midwife and equipped with equipment for blood transfusion, would be transported to the home by the Ambulance Service. Three calls were made upon this service during the year.

CARE OF LOW BIRTH WEIGHT INFANTS

The number of low birth weight infants (i.e. weighing $5\frac{1}{2}$ -lbs or less at birth) notified during the year was 101; of these 6 were born at home and 95 in hospital.

As very small babies are no longer delivered or nursed at home, babies are usually 5 - $5\frac{1}{2}$ -lbs on discharge. Full care of these babies is undertaken by the midwife, who visits daily or more often if necessary. Special attention is given to the feeding and handling of the baby and special equipment, cots and clothing were available but seldom required. Daily record charts were made out for each infant and these were made available to the doctor attending the cases. The intensive visiting was continued during the first month or until such time as the baby had attained normal standards. By these means the mother was given every opportunity of learning how to handle and tend the infant.

The results of this concentrated attention were very good and fully justified the time devoted to them.

Close liaison was maintained with the premature baby unit at Billinge Hospital, especially when babies were about to be discharged to home and specialised nursing was continued where necessary.

OPHTHALMIA NEONATORUM

No notifications were received in 1971.

NEO-NATAL COLD INJURY

Intensive Health Educational methods were directed at expectant and nursing mothers in an attempt to prevent this dangerous condition.

Each midwife was supplied with a thermometer registering to 70°F. to facilitate the diagnosis of this condition.

No cases were reported in 1971.

TRANSPORT OF MIDWIVES

Car allowances were made to midwives who used their own motor cars whilst on approved duties. Twelve midwives travelled an aggregate of 31,239 miles in the year.

Newly appointed midwives are encouraged to obtain motor transport as soon as possible in order to provide the mobility required effectively to operate the night rota and holiday relief systems.

MATERNITY HOMES

There are no Maternity Homes within the Borough.

TRAINING OF MIDWIVES

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course; seven students received training during the year.

The Authority also provides training for Nurses from Wigan Infirmary who undertake the Obstetric Training Course at Billinge Hospital. Four students received training in 1971.

MATERNITY LIAISON COMMITTEE

The Maternity Liaison Committee continued to meet spasmodically.

RADIO TELECOMMUNICATIONS

During the year the Midwifery Service was equipped with short-wave radios. All midwives can be reached immediately from the Central Administration office during normal office hours and from the Ambulance Station at all other times. These were introduced in May, 1971, and there can be no doubt that the efficiency of the service has been increased. Midwives out on night call need no longer feel isolated, nor are they dependent upon public telephones which are so prone to be rendered useless by vandalism.

COMMUNITY NURSING — HEALTH VISITING SERVICES

Summary of visits during the year 1971 :

No. of primary visits to births	1,600
„ visits to infants under one year	6,870
„ „ to infants over one and under two	3,228
„ „ to infants over two and under five years	6,512
„ „ to expectant mothers	390
„ „ „ cases of infectious diseases	89
„ „ re deaths under one year	13
„ „ „ stillbirths	22
„ „ to aged persons	2,100
„ „ to mentally disordered persons	94
„ „ „ tuberculosis households	433
„ „ „ patients discharged from hospital	67
„ „ „ other persons	2,255

STAFF ESTABLISHMENT

December 1971—1 Superintendent Health Visitor
 3 Field Work Instructors
 8 Health Visitors
 2 Part-time Clinical Assistants
 3 Part-time Health Visitors. 1 of these specialising
 in T.B. Health Visiting.

Towards the end of 1971, two Student Health Visitors were attending Health Visitor Training Courses.

ADMINISTRATION AND CONTROL

The Superintendent Health Visitor controls and administers the work of the Health Visiting staff, from the Community Health Office in Wigan. A proportion of the Health Visiting staff are accommodated in the Millgate Health Centre, others are decentralised to Health Centres in other parts of the town.

GENERAL PRACTITIONERS—ATTACHMENT AND LIAISON

Wherever possible, the attachment of Health Visitors to family doctor groups is encouraged. The level of liaison varies from group to group, and the limited number of staff available places constraints on the degree of development in this field.

“AT RISK” REGISTER

This register was maintained until 30th June, 1971, and selective visiting was undertaken to ensure that children with handicapping conditions were adequately supervised. A total of 444 children were notified as being “at risk” on account of 556 conditions. Many of these were removed from the register at an early age without the need for extensive personal supervision.

The need for this register to be maintained disappeared with the introduction of developmental paediatrics for all children born on or after 1st July, 1971.

DEVELOPMENTAL PAEDIATRICS

All children born on or after 1st July, 1971, were automatically included on the developmental paediatric screening programme. Provision is made for examination of children at the various stages of development, either by Health Visitor or Doctor. The programme is given below :

Age	Examined by
6 weeks	Doctor
6 months	Health Visitor
12 months	Doctor
18 months	Health Visitor

Further stages of examination may be added at a later date, and will probably coincide with the third and fourth birthdays of the child. Special clinics are arranged for these examinations and appointments are sent to the parents of all children born throughout the year. During 1971, 458 children at the age of six weeks were examined by one of the department's medical officers.

CHILD HEALTH RECORDS

To accommodate adequate recording of the developmental examination, and improve the presentation of information kept relating to the pre-school child, a new record card has been introduced. This card is dimensionally identical to the school medical record and will provide the basis for easier integration of the pre-school record with the school medical record.

DOMICILIARY VISITING

The number of domiciliary visits made by Health Visitors has fallen. This can be accounted for by the increasing demands placed upon staff of more intensive clinical work and the attachment to family doctors which of necessity increases the geographical area, if not the numerical level, of the Health Visitor case load.

The visiting of children and adults in their own homes is still regarded as one of the Health Visitor's vital roles, but to guarantee the effective use of time, a more critical assessment of the type of case to be visited has had to be undertaken.

PHENYLKETONURIA AND OTHER AMINOACID DISORDERS

With the co-operation of Dr. Komrower, Consultant Paediatrician at the Royal Manchester Children's Hospital, the Scriver test was carried out on Wigan children born during the year. This test, devised by Dr. Charles Scriver in Montreal, and on which Dr. Komrower has carried out a great deal of research, is a great advance on the simple Phenistix test previously used in the detection of Phenylketonuria, as it can also be used to detect a variety of other aminoacid disorders and thereby minimise the possibility of severe mental and physical retardation resulting from these inborn errors of metabolism.

During the year, 1,686 tests were performed, compared with 1,571 in 1970. One test for phenylketonuria was found to be positive. The excellent co-operation between the family, Health Visitor and the Research Unit at Pendlebury Children's Hospital resulted in the child's well-being being maintained. This inborn error of metabolism can be disastrous in its effect if not treated immediately. One other child, a transfer in from another Authority, had this condition which had received initial treatment at birth. Both children are kept under close supervision.

ASCERTAINMENT OF DEAFNESS IN PRE-SCHOOL CHILDREN

The screening of vulnerable children for deafness was carried out by specially-trained health visitors and children failing to pass the screening tests were referred to the Medical Officers who have special experience in the field of audiometry.

FIELD WORK INSTRUCTION

Three members of the staff are qualified Field Work Instructors and supervise the practical work of students from Wigan and other authorities. 42 students received practical training during the year.

The field work instructors attended meetings with the tutors of established courses to ensure that appropriate practical work was being associated with theoretical instruction.

MOTHERCRAFT

The importance of mothercraft is now being increasingly recognised and its teaching is one of the duties of the health visitor. During the year, besides the talks at clinics and in the homes, courses of lectures were given in six schools and the Health Education Officer showed films and distributed relevant posters and other literature. Observation visits were made to clinics and the day nursery.

Of 159 pupils who entered for the examination in "Child Care" for schools, arranged by the National Association for Maternal and Child Welfare, 151 were successful. The Superintendent and a senior health visitor conducted the oral part of the examination.

NURSE TRAINING

Public Health lectures, practical demonstrations and observation visits were provided for student nurses undergoing training at the Royal Albert Edward Infirmary, Wigan.

The Superintendent Health Visitor is a member of the Education Committee of the Wigan and Leigh School of Nursing, and has taken part in discussions on the planned extension of community care experience for student nurses under the proposed new syllabus.

CONSULTANT CLINIC

One health visitor attended weekly at the Paediatric Clinic at Wigan Infirmary and brought to the notice of the Consultant the social background and environment of the children from the Borough who were attending. She arranged to visit the home when necessary and was available to advise parents as to the best way of carrying out the treatment indicated by the Paediatrician.

TRANSPORT ARRANGEMENTS

All health visitors who use their own cars on official duties are paid a casual user car allowance and at the end of the year nine of the staff were doing so, the remaining three using public transport.

SPECIALISED WORK

Health Visitors continued to attend toddler clinics, ante-natal and mothercraft classes, screening tests for deafness in children and developmental paediatric clinics.

The attendance of a number of physically handicapped children from the Borough at Mere Oaks special school has necessitated close liaison with the County Health Visitor at the school to ensure a high degree of co-operative effort on behalf of these children in the school and in the community.

Each health visitor is now also responsible for tuberculosis visiting, supervising patients and tracing contacts. This work is closely co-ordinated by the Superintendent Health Visitor, who deals with certain aspects of the after-care of patients and attends the monthly meetings of the After-Care Committee.

GENERAL

The work of these all purpose nurse/social workers is not restricted to children and continues to widen in scope. Despite the increasing demands on her time, the health visitor must continue to place emphasis on health education, the prevention of break-up of families and the problems of pre-school handicapped children.

The visiting of old people, especially those who live alone, imposes a further strain on the staff, particularly as so many young couples now live in accommodation suitable only for a small family and are unable to house ageing relatives, while kind-hearted neighbours often become so involved that they ultimately become resentful. It is of course, our aim to enable aged patients to remain at home for as long as they can be adequately provided for, but there is a limit to the amount of support which can be given by a domiciliary force. The health visitor is increasingly finding herself the key figure in securing the quick and effective co-operation of the various social work and hospital agencies sharing responsibility for the care of the aged.

The importance of keeping abreast of modern developments is stressed to the staff and throughout the year in-service training sessions were held and films, slides and recorded talks were used. Staff from the neighbouring County area were invited to attend on a number of occasions.

COMMUNITY NURSING — DISTRICT NURSING SERVICES

ADMINISTRATIVE ARRANGEMENTS

The central administrative office was staffed on weekdays from 8-30 a.m. to 5-15 p.m. At all other times messages and requests for the service could be made through the ambulance station.

The District Nurses working in the Marsh Green, Scholes, Worsley Mesnes and Pemberton areas used as their base the clinic premises in those areas. Certain patients were encouraged to attend for treatment at the clinics, thus saving valuable professional time.

The normal pattern of visiting was maintained, and when necessary, two or even three visits daily were made. The total number of visits made during the year was 67,570, which represented an increase of 2,557 over the 1970 figure of 64,913. The number of cases remaining on the books at the end of 1971 was the highest recorded for eight years.

There was a further increase in the number of geriatric patients requiring general nursing care and the excellent close liaison with hospital staffs and general practitioners was maintained. Co-operation with those sections of the Social Services Department responsible for the aged and mentally handicapped was also very good, and staff continued to visit residents in aged persons' hostels who required skilled nursing care.

INJECTIONS

The total number of injections given during the year was 30,575. Injections to patients suffering from Asthma, Diabetes and Tuberculosis showed a significant increase and there were minor variations for other types of injections.

The use of the District Nursing Service administrative centre for a twice-weekly injection clinic continued and during 1971 1,043 injections were given to 56 patients who were able to travel there conveniently. Close co-operation with the Mental Welfare Officers ensured the regular attendance of certain psychiatric cases at this clinic.

INCONTINENCE PADS

Incontinence pads were provided free of charge in selected cases and were of great benefit to the patients involved. There was a further increase in demand and during the year the manufacture of the pads at the Adult Training Centre was successfully continued.

Other patients were able to obtain pads from the department at a special rate.

DISPOSABLE EQUIPMENT

For a number of years disposable syringes have been used by District Nurses. Disposable gloves were used by the nurses when giving penicillin and streptomycin injections and other disposable equipment included pre-sterilised dressings, enemas, masks and washcloths.

An addition to the range of disposable equipment used was the suture removal outfit.

TRANSPORT

Four Corporation owned vehicles were used by District Nurses. The Superintendent received an allowance for the use of her car to visit nurses and patients, eight District Nurses received essential car user allowances and four an allowance for the use of their auto-cycles.

CANCER — MARIE CURIE MEMORIAL FOUNDATION

The number of cancer cases being nursed increased during 1971, particularly in the under-65 years age group. Cancer patients are, however, requiring more nursing care and occupy a greater proportion of nurses' time, even though many cases are nursed in conjunction with the Marie Curie Memorial Foundation Nursing Service.

MARIE CURIE MEMORIAL FOUNDATION

Since February, 1965, the Authority has been responsible for the administration of the Marie Curie "Area Welfare Grant Scheme" and the "Day and Night Nursing Service" in the Borough. These services are financed by the Marie Curie Memorial Foundation and are for the benefit of patients suffering from cancer. The Superintendent of the District Nursing Service supervises the detailed arrangements for providing help to patients. No difficulties were experienced and the services resulted in considerable relief being given to both patients and relatives.

There was an increase in the number of patients being nursed, and an additional nurse was engaged to meet this demand. A number of donations were received from relatives who wished to express their gratitude and appreciation of the services provided by the Foundation.

STAFF

At the end of the year the Superintendent and a full establishment of sixteen whole-time nurses (two of them male nurses and four State Enrolled Nurses) were in post.

The revised duties of Enrolled Nurses enable them to take responsibility for many time-consuming visits and for the Injection Clinic. They have continued to work under the supervision of experienced State Registered Nurses and given the service greater flexibility while maintaining the required standards of patient care.

TRAINING

One State Registered Nurse successfully completed her training for the National District Nursing Certificate. A second nurse was receiving training for the Certificate at the close of the year.

8 pupil S.E.N's from Billinge Hospital attended for periods of four days to gain experience of domiciliary visiting and 21 student nurses from the Royal Albert Edward Infirmary made visits of observation during the year. The Superintendent also lectured to four Student Health Visitors during their training period.

The Superintendent and several of the District Nursing Staff attended in-service day conferences held during the year to discuss and examine problems relating to Drug Dependency, Prevention of Maladjustment and Cancer.

The Senior District Nurse attended a first line management course and two District Nurses attended refresher courses arranged by the Queen's Institute of District Nursing in Leeds and London.

LONGSHOOT HEALTH CENTRE

The opening of this purpose built Health Centre during the year afforded the opportunity for four of the District Nursing Staff to use the Centre as their working base. Two practise nurses were appointed by the General Practitioners, and the Superintendent of District Nursing was invited to supervise them in their professional activities.

SUMMARY OF WORK — 1971

Number of cases on books at 1st January	628
Number of new cases during the year	1,370
Number of cases ceased to be visited :	
Now convalescent	755
Removed to hospital	315
Deaths	196
Other reasons	96
	—— 1,362
Number of cases on books at 31st December	636
Number of visits paid by Nurses	67,570
Number of visits to Centres by patients	1,990

A classification of cases attended during 1971 will be found on pages 56-59.

CLASSIFICATION OF CASES — ALL AGES

TABLE I — SURGICAL AND POST OPERATIVE CASES

CONDITION	Under 65	Over 65		Total
		M	F	
POST OPERATIVE—				
Post Caesarian—from 7th day	6	—	—	6
Termination of Pregnancy (Tubal Ligation)	13	—	—	13
Post Op—D & C	3	—	—	3
Hysterectomy	7	—	2	9
Appendicectomy	15	2	—	17
Laparotomy	8	4	1	13
Hernia of Abdominal Cavity	13	—	2	15
Gastrectomy	6	1	—	7
Cholecystectomy	14	1	6	21
Vagotomy	3	—	—	3
Mastoidectomy	—	—	1	1
Ligation of veins	2	—	—	2
Amputation	2	8	3	13
Osteotomy	2	—	1	3
Nephrectomy	1	—	1	2
Prostatectomy	7	13	—	20
Cystotomy	1	2	—	3
Colostomy	4	—	—	4
ABSCESSSES—				
Breast	12	—	—	12
Rectal (inc. Pilonidal Sinus)	17	1	1	19
Others	5	1	—	6
ACCIDENTS—				
General Injuries	—	—	13	13
Fractures	14	12	2	28
Scalds	—	—	2	2
Burns	8	—	—	8
Injuries due to falling	4	—	2	6
„ „ car accidents	3	—	—	3
Industrial injuries	—	—	—	—
Paraplegia—Quadriplegia	2	—	—	2
GENERAL SURGERY—				
Varicose ulcers - Bedsores - Others - Gangrene	14	7	40	61
Removal of cysts	4	—	—	4
Enucleation of eye }	3	1	—	4
Cataract				
GENERAL RASHES—				
Shingles	3	—	8	11
Eczema	—	—	3	3
Psoriasis	—	—	2	2
Intertrigo	—	—	2	2
Phlebitis (inc. Thrombosis)	—	—	2	2
Septic areas	—	—	2	2

TABLE II — MEDICAL CASES

CONDITION	Under 65	Over 65 M F	Total
NOTIFIABLE DISEASES—			
Tuberculosis (Respiratory)	22	6 2	30
Tuberculosis (Other forms)	2	— —	2
EAR-NOSE-THROAT INFECTIONS			
INC. RESPIRATORY INFECTIONS—			
Acute otitis media }	11	— 1	12
Tonsillitis—Quinsy }			
Pneumonia—Pleurisy }	95	35 38	168
Bronchitis }			
Asthma and Emphysema }			
EYE DISEASES AND INFECTIONS—			
Ulcer—Cataract	1	1 3	5
PANCREATIC DISEASES—			
INC. DIGESTIVE SYSTEM—			
Diabetes mellitus	28	4 15	47
Diabetes insipidus			
Others	2	— 4	6
Malignant neoplasms	113	38 35	186
Non-malignant neoplasms	6	1 3	10
CENTRAL NERVOUS SYSTEM—			
Parkinsonism—Multiple sclerosis	34	3 5	42
Polyneuritis	1	— 2	3
Psychiatric	57	6 16	79
CIRCULATORY SYSTEM—			
Cardiac—Senility—Strokes }	95	94 236	425
Arterio sclerosis—Hypertension }			
Arthritis—Rheumatism	51	7 27	85
Anaemia (inc. anaemia of pregnancy debility)	90	96 153	339
Constipation	13	17 22	52
Preparation for X-ray	4	1 1	6
Genito-urinary conditions	3	4 2	9
Complications of pregnancy—			
(inc. threatened abortion	20	— —	20
Procedentia and diseases of uterus	23	— 42	65
Patients dead on arrival	2	— 2	4

TABLE III — CHILDREN UNDER 5 YEARS

Abscesses	3
Anaemia	1
Bronchitis	1
Burns and Scalds	1
Constipation and Colic	—
Congenital Abnormality	1
Dermatitis and Impetigo or Skin Infection	1
Epilepsy	—
Enucleation of Eye	1
Herniotomy and Intussusception	2
Injuries	1
Multiple Carcinoma	1
Spina Bifida and Ectopic Bladder	—
Pneumonia	1
Thrush	—
Tonsillitis	1
Post op. Wound	1
Convulsions	1
Whooping Cough	1
T.B. Meningitis	1

TABLE IV — SCHOOL CHILDREN

Anaemia	2
Abscess of Neck	1
Appendicitis	9
Hernia	3
Breast Abscess	1
Constipation	8
Vaginal Abscess	1
Diabetes	2
Epilepsy	1
Scabies and Psoriasis	—
Scalds of Arm	—
Spastic	—
Spina Bifida	1
Thrush	1
Tonsillitis	2
Quinsy	1
Bronchitis	2
Injuries	3
Undescended Testicle	1

TABLE V — INJECTION THERAPY

Asthma	Adrenalin, Silbephyelline Acthar, Depomedrone	1,507
Anaemia	Anahaemin, Imferon, Examin, Hepastab, Jectofer	} 14,827
Neuritis	Riboflavin, Cytamin	
Rheumatism	Neo-hepatex, Actha, Miocrysin	
	Deca Durabolin	
Bronchitis, Chest Infection	} Penicillin	} 1,517
Pneumonia, Catarrh		
Diabetes	Insulin	6,478
Cardiac	Mersalyl, Mercardon, Thiomerin	1,941
Tuberculosis	Streptomycin and Dimycin	1,293
Narcotics and } Sedatives }	Morphia, Pethidine, Largactol, Omnipon, Fortral, Scopolamine, Navacoine and other sedatives	860
Others — Vasolastine, Primolutdepo, Deca, Durabolin, Ergotamine, Pituitrin		960
Nervous Debility } General Debility }	Parentrovite, Benerva and Moditen	619
Miscellaneous .....			573
		<hr/> 30,575

VACCINATION AND IMMUNISATION

Vaccination was carried out at clinics, schools and general practitioner surgeries. The number of vaccines available for protection against infectious diseases was reduced when, in accordance with the Department of Health and Social Security recommendation, the routine vaccination of children against smallpox ceased during the year. Smallpox vaccination is still available if a parent particularly requests a child to be protected.

The revised recommended vaccination schedule was introduced in May, 1971, and full details are given below. Although smallpox vaccination was still available for routine protection at that time it has been deleted from the schedule.

VACCINATION SCHEDULE

Age	Vaccine
4½ months	Diphtheria/Pertussis/Tetanus Poliomyelitis
6 months	Diphtheria/Pertussis/Tetanus Poliomyelitis
12 months	Diphtheria/Pertussis/Tetanus Poliomyelitis
14 months	Measles
5 years	Diphtheria/Tetanus (Booster Dose) Poliomyelitis (Booster Dose)
12 years	Rubella
13 years	B.C.G.

SMALLPOX VACCINATION

The table below gives details of vaccinations of children carried out. There were 564 primary vaccinations of children under two years of age, compared with 765 in 1970 and 732 in 1969.

	Under 1 year	1 year	2-4 years inclusive	5-15 years inclusive	TOTAL
Primary	498	66	42	12	618
Re-vaccination	—	—	2	3	5
Totals	498	66	44	15	623

Details of other vaccination and immunisation procedures carried out during 1971 are given below :

	M. & C.H. and Special Clinics	School and School Clinics	Private Doctors	Total
POLIOMYELITIS—ORAL VACCINE				
Children under 16 years of age:				
Completed Primary Courses	1088	500	136	1724
Reinforcing doses	119	2051	24	2194
DIPHTHERIA				
Completed Primary Courses	1084	355	135	1574
Re-inoculations	1235	2100	87	3422
WHOOPING COUGH				
Completed Primary Courses	1079	—	134	1213
Re-inoculations	1105	—	78	1183
TETANUS				
Completed Primary Courses	1084	355	135	1574
Re-inoculations	1235	2095	87	3417
MEASLES				
Number vaccinated	826	—	55	881
RUBELLA				
Number vaccinated	—	1079	4	1083

B.C.G. VACCINATION

Although B.C.G. vaccination is offered generally to the 13 year age group regulations permit whole classes to be dealt with. This greatly facilitates the administrative work but as a result a small percentage of the children were aged 12 or 14 years.

Routine protection of 13-year-old school children :—

Number in 13 year age group	1,286
Number for whom consent was obtained	1,159
Percentages of acceptances	90%
Number of Skin-test Negatives	982
Number of Skin-test Positives	65
Percentage Positive	6.2%
Number Vaccinated	982
Number who had Chest X-ray	65
Number where X-ray showed active tuberculosis	—
Number where X-ray showed lung abnormality requiring further observation	2

The figures for positive skin tests gives an indication of the extent to which children are being brought into contact with the tuberculosis bacillus. Our percentage, 6.2, compares favourably with that in other urban industrial areas.

The Chest Physician has supplied the following information regarding B.C.G. vaccination of Tuberculosis Contacts during 1971 :—

Children under 15 years of age :

No. of Contacts skin tested	Positive	Negative	B.C.G. Vaccinated
155	16	139	149

There were no cases of negative skin reaction among the 151 children tested after B.C.G.

The figures do not include B.C.G. Vaccination performed in hospitals where some babies receive protection at birth.

AMBULANCE SERVICE

For the first time in many years the total number of patients carried was less than in the previous year. A total of 66,201 patients were carried in 1971, compared with 72,252 in 1970. This reduction was directly attributable to the transfer of Hope School Junior Training Centre to the Education Department and the reduction in the number of children to be transported to Mere Oaks Special School.

The following table shows the trends in the service over the past ten years.

Year	Total patients carried	Total Mileage	Average No. of patients per mile	Average mileage per patient
1962	51,446	128,351	0.40	2.5
1963	55,415	135,443	0.41	2.4
1964	55,558	140,247	0.39	2.5
1965	55,791	142,635	0.39	2.6
1966	56,316	150,238	0.38	2.7
1967	57,519	148,390	0.38	2.6
1968	63,218	157,722	0.40	2.5
1969	67,854	166,957	0.40	2.5
1970	72,252	179,593	0.40	2.5
1971	66,201	176,854	0.37	2.6

STAFF

In accordance with the recommendations made in the Millar Report regarding the designation of staff employed within the ambulance service, all grades of staff employed have been re-designated. The staff establishment at 31st December, 1971, was as follows :

Chief Ambulance Officer	
Section Officers	4
Clerk/Section Officer	1
Leading Ambulanceman	1
Ambulancemen	30

VEHICLES

Two Ford Transit dual purpose ambulances were introduced to the fleet in 1971 and proved to be satisfactory. All maintenance and repairs necessary to keep the fleet fully serviceable was undertaken by the Corporation's Transport Department and all work was carried out satisfactorily.

Age of Vehicles in Fleet at 31st December, 1971

Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years
2	2	—	—	2	2	1	2	2

TOTAL MILEAGE RUN BY EACH VEHICLE

Vehicle No	Registered No.	Year of purchase	Make	Type	Mileage	Total mileage
					1971	
8	JJP 711	1963	Bedford	Ambulance	10463	126676
2	KJP 966	1964	Bedford	Ambulance	8291	100976
1	AJP 298C	1965	Bedford	Dual Pur.	15624	97278
12	AJP 456C	1965	Commer	Dual Pur.	11088	28712
3	CEK 650D	1966	Bedford	Ambulance	12411	68000
6	DJP 206E	1967	Bedford	Ambulance	14771	58031
5	EJP 105F	1967	Bedford	Ambulance	19250	68233
11	FJP 311G	1968	Bedford	Dual Pur.	12543	36428
4	GEK 404G	1968	Bedford	Ambulance	22364	62265
9	HJP 19H	1970	Ford	Dual Pur.	16445	30638
Car	JJP 300J	1970	Morris	Car	6903	8619
7	KEK 107J	1971	Ford	Dual Pur.	9446	9416
10	KEK 110J	1971	Ford	Dual Pur.	11130	11130
*	HJP 804	1962	Bedford	Car	4659	110996
*	KJP 984	1964	Bedford	Dual Pur.	1810	112964

PETROL AND OIL CONSUMPTION

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AJP 298C	15624	1508.2	44	10.4	355.1
2	Bedford	KJP 966	8291	771.2	38	10.8	218.2
3	Bedford	CEK 650D	12411	1105.4	51	11.2	243.4
4	Bedford	GEK 404G	22364	1081.9	99	20.7	225.9
5	Bedford	EJP 105F	19250	1061.3	123	18.1	156.5
6	Bedford	DJP 206E	14771	1282.7	77	11.5	191.8
7	Ford	KEK 107J	9446	687.1	19	13.7	497.2
8	Bedford	JJP 711	10463	927.6	54	11.3	193.8
9	Ford	HJP 19H	16445	1191.5	35	13.8	469.9
10	Ford	KEK 110J	11130	788.7	32	14.1	347.8
11	Bedford	FJP 311G	12543	1244.8	32	10.1	392.00
12	Commer	AJP 456C	11088	887.3	44	12.5	252.00
Car	Morris	JJP 300J	6903	307.5	5	24.4	1380.6
*Car	Bedford	HJP 804	4659	462.9	38	10.0	122.6
*Dual Pur.	Bedford	KJP 984	1810	97.7	12	18.5	150.8
	TOTALS		177198	13404.8	703		

*Taken out of service during 1971.

RADIO TELECOMMUNICATIONS

The installation of the new F.M. high band frequency radio equipment in accordance with the Department of Health and Social Security recommendations has been of great benefit to the service. At the same time, a robo-phone self answering device was installed to cater for non-urgent messages.

RESUSCITATION OXYGEN EQUIPMENT

During the year the Department of Health and Social Security recommended that ambulances be equipped with resuscitation equipment. As a result, seven ambulances were equipped with the relevant apparatus.

SUMMARY OF WORK UNDERTAKEN DURING THE YEAR 1971

Classification	Miles	Patients
Section 27 Patients :		
Street Accidents (including all road users)	513	111
Other Street Accidents	1,158	255
Works Accidents	372	75
Home Accidents	1,671	314
Recreation Accidents	646	130
Unclassified Injuries	1,057	224
Street Illnesses	642	157
Home Illnesses	2,655	430
Works Illnesses	393	84
Other Illnesses	200	47
Maternity	7,084	652
Mentally Ill Patients	886	35
Infectious	132	14
Deceased	347	57
Admissions, Discharges, Transfers and Clinic Cases	104,435	23,311
Service and Fruitless	3,879	—
Psychiatric Unit, Billinge	11,012	7,314
Section 27 Patients—Recoverable :		
Other Authorities	1,383	97
Other Re-chargeable Work :		
Welfare Services	3,951	2,341
Mentally Sub-normal Children	8,683	6,178
„ „ „ Adults	15,006	15,305
Midwives	53	—
Mental Health: Welfare Officer Transport	25	—
Day Care Unit	9,107	8,282
Physically Handicapped Children	1,544	788

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION

Health Education covers a vast range of subjects, and most sections are concerned in its application; public health inspectors, dentists, health visitors, midwives, home nurses, and social and mental welfare officers are all responsible for important aspects of this growing topic.

In Wigan, an administrative assistant is responsible for the co-ordination of these efforts, and for field work where topics are not dealt with specifically by the professional members of staff. Besides the Health Education work, which is part of the normal duties of these staffs, special topics were dealt with throughout 1971. Dental kits were distributed to new starters at schools.

During the year, the foundations of a comprehensive Health Education programme in schools were laid down.

The most significant development was the commencement of a series of one day symposia for Health Department staff and teachers, arranged in conjunction with the Teachers' Centre. Besides helping to build up a useful working relationship, the symposia were designed to impart basic facts during the morning sessions, and then these would be developed during the afternoon discussions, promoting ideas that could be used by the teachers in project work. They have created a great deal of interest, although it is too soon yet to evaluate the effect on the teaching of Health Education in schools. If, however, Health Education is to be accepted as part of the normal school curriculum, it can only be done with the continued co-operation and active participation of the teaching staff.

During the year, members of the staff gave talks to clubs and schools throughout the town, and assistance was given in one case in preparing for the Duke of Edinburgh's award. As has been recorded elsewhere, a relaxation class was successfully started at the new Longshoot Health Centre, and is receiving the same programme of exercises, talks and films as the class at the Millgate Clinic.

Posters on health and home safety topics were issued to general practitioners, schools and clinics, coinciding where possible with National Campaigns run by the Health Education Council and the Royal Society for the prevention of Accidents. Assistance was also given to schools. Health Visitors again ran the mothercraft courses and parties of school children were invited to displays at the Ambulance station. Talks on the work of the Department were given to different age groups, and senior children were encouraged to visit old people's homes and Fabrex and Hope School (the Senior and Junior Training Centres for the Mentally Handicapped). It is hoped that this work will be expanded during 1972 with the added emphasis on the preparation for adulthood that is given to school leavers.

The Medical Officer of Health addressed groups of student nurses and midwives. Several in-service training sessions were held, to which other departmental and County staff were invited.

In December, a one-day conference for schoolteachers was organised in collaboration with the Wigan Education Authority. Several eminent speakers were present but the undoubted success of the conference owed much to the work of a group of girls from Gidlow Girls' School, whose impressive project on cancer was displayed and made the subject of a report which the group presented on closed circuit television.

CERVICAL CYTO — DIAGNOSIS

Clinics were held throughout the year at Longshoot, Pemberton, Wigan (Millgate) and Marsh Green centres as shown in the activity table on page 32.

The total number of first smears taken was 1,006. The remainder of the smears taken included 63 repeats and 794 recalls, bringing the total of all types to 1,863. The number of positive cases found was 2.

In addition, 397 women had smears taken at Family Planning Clinics and another 10 were tested at post-natal clinics.

The majority of smears are submitted to the Christie Hospital, Manchester, with the result that the recall system and type of form used are different from the nationally recommended one. Comparative figures issued by Christie Hospital for the years 1969/70/71 have shown this service to be highly developed in Wigan. The comparative figures shown below give details of population levels in other Local Authority areas but not the name of the authority involved :

1969 / 70 / 71			
Size of Authority	Total Women	Positive/Suspicious	Rate per 1,000
590,000	18,303	155	8.46
139,350	3,142	23	7.32
135,530	2,392	7	2.92
152,010	1,335	12	8.98
63,510	2,293	10	4.36
100,140	1,738	19	10.93
Wigan C.B.C.			
(81,140)	4,232	28	6.61

Increasing demands are made on this service as the number of women approaching their recall date increases. Additional sessions are planned in anticipation that the response by Wigan women will be maintained at a high level.

In an attempt to discover both the age and social group of women attending, the total figure of smears taken by the Health Department staff during 1971 (1,863) have been analysed as follows :

Age Group	34 and under					35 and over				
Social Group	1	2	3	4	5	1	2	3	4	5
Smears taken	5	73	425	177	77	12	99	577	240	178
Totals	757					1106				

In the latter part of the year, a planned programme of industrial cytology commenced. A team comprising doctor, nurse and clerk visited factories in the town and carried out cytology tests on large groups of women. This programme will extend into 1972, but the number of women examined in 1971 was 214.

The Medical Officer of Health has for some years been a member of the Manchester Regional Committee on Cancer. This body seeks to promote, sustain and co-ordinate work associated with the early prevention and detection of cancer, and to stimulate research into public attitudes to cancer. It provides expert lecturers who are willing to address professional and lay groups in the region. It also provides educational material and this year successfully produced a film entitled "Make Sure", which is available for showing to varied audiences.

FAMILY PLANNING

In addition to the valuable educational work carried out by the Department's field staff, the Council makes available accommodation in the Central Clinic, Millgate, and Pemberton Health Centre for the use of the Wigan Family Planning Association. Two regular weekly evening sessions are held at the Central Clinic, in addition to a special session on the evening of the first Tuesday in each month. Sessions at Pemberton Health Centre are held weekly on Tuesday afternoons.

A total number of 508 new patients were seen during the year and the total number of attendances by both new and retained patients was 4,426.

For lay staff the clinic relies on voluntary workers from the Association. In addition specially trained women doctors and nurses are employed at each session. There is no doubt that the service contributes greatly to the sum of social medicine undertaken by the Authority. The professional and voluntary workers deserve the highest praise for their efforts.

During the year, 397 cervical smears were taken from women attending the clinics.

CONVALESCENCE

During the year 1971 no arrangements were made for short-term care under section 28 of the National Health Service Act, 1946.

VENEREAL DISEASE

The treatment of Venereal Diseases is the responsibility of the Hospital Service and in Wigan the Clinic is under the direction of Dr. Philip S. Silver, M.R.C.S., L.R.C.P.

The total attendance at the Wigan Clinic, including patients from the surrounding districts, rose slightly from 1,150 (781 males, 369 females) in 1970, to 1,154 (768 males, 386 females) in 1971.

The number of new Wigan cases attending during the last 10 years were :

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Syphilis	10	2	2	1	3	5	2	2	1	2
Gonorrhoea	17	15	8	14	9	10	17	16	25	42
Other Conditions	59	56	44	48	40	48	44	62	50	59
	—	—	—	—	—	—	—	—	—	—
	86	73	54	63	52	63	63	80	76	83
	—	—	—	—	—	—	—	—	—	—

The Health Committee have continued their arrangements whereby the Male Senior S.E.N. in the skin department of the Royal Albert Edward Infirmary undertakes the duties of Almoner.

Persons who are a source of infection are, whenever possible, persuaded to attend for treatment, and the importance of continued attendance is stressed to patients who fail to attend.

Personal visits are made if necessary, but a general decrease in the number of syphilis cases requiring long term treatment has reduced the need for such visits.

TUBERCULOSIS

Statistical information regarding the prevalence of and mortality from tuberculosis will be found in that section of the Report dealing with infectious diseases.

During the year, 433 home visits were paid by the health visitors. The number of new contacts examined during the past three years was as follows :

	1969	1970	1971
Adults	80	115	64
Children	174	133	144
	—	—	—
Total	254	248	208

Contacts of positive cases under supervision, 31st December, 1971 223

Contacts under supervision after B.C.G. vaccination 162

The average number of contacts per case of pulmonary T.B. is as follows :

	1969	1970	1971
Tuberculosis Notification : Pulmonary	16	17	19
Other forms	2	2	—
No. of contacts per case (pulmonary only)	16	16	19

There were 130 cases in the current file at 31st December, 1971, involving patients who are under regular supervision. In addition to these, there are a number of elderly and quiescent cases who are visited when the need arises only. There are only 11 chronic positive cases who do not convert, and these, along with their contacts, are very closely supervised. The large drop in the number of new cases over the last few years, especially among younger people, clearly indicates that improved drugs and the vaccination of babies and young children, coupled with the improved standards of home and work environments are having an effect. The virtual elimination of Bovine T.B. has ensured that tuberculosis other than pulmonary is an extremely rare human disease.

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee.

The Superintendent Health Visitor attends to certain aspects of the after care of patients and attends the monthly meetings of the Committee, whose aims may be stated as :

1. To provide extra nourishments, nursing utensils, wheelchairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatoria and on their return home.
3. To visit and give friendly advice.
4. To assist in educating public opinion in matters of health in regard to Tuberculosis.
5. To give assistance in providing tools in cases where tuberculous persons entering into employment are not so assisted by the Department of Employment and Productivity.

The Chest Physician acts as Honorary Medical Officer to this Committee.

MASS RADIOGRAPHY

The Manchester Regional Hospital Board's Mass Radiography Unit visited Wigan for a total of 8 days during May and June.

	Male	Female	Total
Type of Examinees :			
Industry/Offices	223	307	530
General Public	488	495	983
General Practitioner Referrals	2	—	2
	<hr/>	<hr/>	<hr/>
Total number examined	713	802	1515
Abnormalities Discovered :			
Tuberculosis requiring treatment	—	1	1
Healed tuberculosis	6	14	20
Bronchial carcinoma	2	—	2
Retro-sternal thyroid	—	1	1
C.V.L. congenital	1	1	2
C.V.L. acquired	6	5	11
Pneumoconiosis	2	—	2
Pneumoconiosis with P.M.F.	1	—	1
Bronchiectasis	1	1	2
Pulmonary fibrosis	1	—	1
Pleural thickening	1	3	4
Abnormality of diaphragm	1	—	1

OTHER ILLNESSES

Close liaison between the health visitor and the social welfare officers engaged on work amongst the physically handicapped under the Council's scheme ensures that advice and help are readily available to those in need once their condition becomes known to the department.

MEALS ON WHEELS SERVICE

This service, operated by the Home Help Section, has continued to expand and during 1971, 28,371 meals were provided, compared with 24,620 in 1970. There were 185 new applications for meals and after due enquiry, 135 were granted.

Members of the W.R.V.S. again assisted in the delivery of the meals, and I am extremely grateful to them for the assistance which they have given over the years, helping us to provide this service in the Borough. The Police too, offered the services of their cadets on one day a week as part of their training in public relations, and during the summer holidays senior children

from the local schools gave their services. The involvement of these various groups is very important in fostering the community spirit in the Borough, at a time when the concept of community care is being encouraged.

In December, 1971, this service became the responsibility of the newly created Social Services Department.

NURSING EQUIPMENT

Items of nursing equipment were available on loan from the Department free of charge. The service was used extensively and 394 loans were made during the year. Details are given below :

Back rests	57	Enuresis alarms	17
Air rings	45	Rubber Sheets	55
Beds	6	Tripod crutches	6
Bed cradles	17	Urinals	44
Bed pans	64	Walking Aids	16
Commodes	16	Wheelchairs	40
Crutches	8	Zimmer lifts	3

In addition, draw sheets were supplied to bedfast incontinent patients as the table below indicates :

Number of cases on 1st January, 1971	4
Number of new cases during the year	19
Number of cases ceased	14
Number of cases on 31st December, 1971	9

INCONTINENCE PADS (see also page 53)

Supplies of Pads under Section 28 are available from the Department at a special price. On average, 40 pads were sold to the public each week throughout the year.

As smoke control areas increase, it is likely that more difficulties will be experienced in the disposal of soiled pads which are now usually burnt at the patients home. To counter any such difficulties, an alternative method of disposal has been arranged with the help and co-operation of the Department of Public Cleansing.

Disposable nappies were supplied to parents whose children suffer from physical or multiple handicaps. The parents have been extremely appreciative of this small but invaluable service.

CHIROPODY SERVICE

A full-time chiropodist was employed at 9 New Market Street, Wigan, and two part-time chiropodists worked sessions at the Central, Pemberton, and Longshoot Centres. The service was provided for the elderly, physically handicapped and expectant mothers and a limited number of housebound patients were treated in their own homes. A charge of 15p was made in some cases but patients in receipt of Supplementary Benefit were treated free of charge.

During the year, 1,273 patients received 5,704 clinic and 1,370 domiciliary treatments. Demand for the service continued to grow and in view of the substantial waiting list at the end of the year provision has been made for additional sessions in 1972.

FLUORIDATION

Fluoridation of the water supply—already agreed in principle by the Borough Council—awaits for its implementation either a strong ministerial directive or a better understanding among small neighbouring authorities whose decisions, or lack of them, are holding up this valuable preventive measure.

HOME HELP SERVICE

An increase was again shown in the number of aged persons in receipt of Home Help during 1971. An average whole-time equivalent of 75 Home Helps were employed during the year, an increase of nine over the 1970 figure.

The organising staff allocated the help available equitably among those most in need and all new applications for help were carefully investigated. Of the 371 new applicants visited, 98 were found to be ineligible for the service. A total of 2,669 follow-up visits were made to ascertain that the service was not being abused.

Help was supplied to a total of 1,269 cases, made up as follows :

Maternity	.....	12
Mentally Handicapped	.....	4
Chronic Sick and Tuberculous (under 65)	.....	72
Aged	.....	1,148
Others	.....	33

The Home Help Service continues to be one of the main supports of the Department. In conjunction with the Meals on Wheels Service, it helps many old people to remain independent by providing regular supervision, besides the more widely known work of cleaning and shopping, home helps can often be instrumental in preventing illness or even death by calling a doctor. They also help where a mother, either because of sickness or maternity, is unable to carry out her household duties, thus enabling her to make a quick recovery.

The standard charge operating at the end of the year was 42p per hour but as in previous years very few were called upon to pay the full cost.

A new venture was undertaken during the year when, with the co-operation of the North Western Gas Board, Domestic Helps received training in cookery.

The Domestic Help Service was transferred to the Social Services Department when the newly appointed Director of Social Services assumed executive control of his Department in December, 1971.

MENTAL HEALTH SERVICE

The Section was fully staffed for the year but case work loads again remained too high.

Approved doctors under Section 28(2) of the Mental Health Act are : The Medical Officer of Health, Dr. R. McLean Bain, Dr. H. Coates, Dr. B. Lowe, Dr. E. H. Calverley, Dr. W. R. Lawson and Dr. G. E. Clews.

SUBNORMALITY

At the end of the year, 182 patients were receiving community care with supportive visiting to the family by the Mental Welfare Officers. Regular, as opposed to crisis, visiting in the field of subnormality is felt to be of great help in the prevention of stress in the family of the subnormal child.

Early referral, in close liaison with Dr. Forrester, Consultant Paediatrician, has continued to take place and special emphasis placed on counselling parents of the very young handicapped child.

The joint clinic held at Wigan Infirmary with Dr. Forrester and the Senior Mental Welfare Officer has played a valuable part in dealing with problems of diagnosis, multiple handicaps, and problems of a medico-social nature. Dr. Forrester has also been available in a consultative capacity to the Mental Welfare Officers.

Consultation at Brockhall Hospital has regularly taken place with the medical staff in cases of difficulty and the hospital has admitted cases requiring both temporary and permanent care. It is hoped shortly to establish a clinic in Wigan, to be held by Dr. Kratter.

Five patients were discharged from hospital during the year and were successfully rehabilitated. It is hoped that the opening of the hostel for female mentally handicapped in the near future will lead to further discharges of patients to the area.

Three subnormal persons were placed in employment from the Adult Training Centre.

The mothers' group, consisting of mothers of mentally handicapped children, has continued to hold meetings at Hope School and one of their most successful ventures was a trip to Brockhall Hospital, organised by the Mental Welfare Officers.

With the implementation of the Education (Handicapped Children) Act, 1970, administrative responsibility for Hope School passed to the Education Department, but the Medical Officers and Mental Welfare Officers continued to work in close liaison with the Education Department in carrying out general health surveillance and community care of the children in the Special Care Unit and at Hope School.

MENTAL ILLNESS

The 24 hour on-call service was maintained and although classified as an emergency service, Mental Welfare Officers dealt with an increasing number of calls owing to the fact that weekend services in other spheres became increasingly unavailable.

The work of the Department has been strengthened by the close liaison between the Mental Health staff and the Consultant Psychiatrists, Dr. H. Coates and Dr. B. Lowe.

Regular discussion on all aspects of patient care are held between the local authority Mental Health staff and hospital Medical, Nursing, and Occupational Therapy staffs.

The Senior Mental Welfare Officer attends the weekly out-patient psychiatric clinic at Wigan Infirmary and Mental Welfare Officers regularly accompany patients, where necessary, to out-patient clinics at Billinge Hospital and Wigan Infirmary.

An increasing number of patients have been referred by general practitioners and in many of these cases preventive work has avoided admission to hospital.

The care of the aged mentally ill is as much a problem in the Borough as it is a national problem. Overall shortage of beds in hospital, day hospital places, hostel places and domiciliary services contribute to the difficulty of solving this problem. The overriding priority is the provision of a psycho-geriatric hostel.

DAY CARE UNIT

The Day Care Unit at Pemberton, open five days weekly, caters for 23 old ladies and serves a real need in the provision of care for those living alone and in the relief it affords to relatives. Temporary care, both in hospital and local authority hostel, has also been used to the maximum to help relatives.

Much useful co-operation has taken place between the Mental Health staff and other local authority services—particularly Welfare Services Section who have provided Part III accommodation, the Family Case Worker, Health Visitors, the Housing Department, Education Department and Children's Department.

The Police have again provided supportive and sympathetic help.

Liaison with voluntary agencies has been furthered; the W.R.V.S. providing clothing and other help, furniture and clothes have also been given by many private individuals. Local tradespeople were extremely generous at Christmas, enabling the Mental Welfare Officers to organise a party for 65 old people at Christmas and distribute parcels to certain housebound patients.

Help was received from the Gidlow Girls' School Choir who entertained the old ladies at the Day Centre, and from the girls of Notre Dame Convent.

The Young Christian Students Association, in co-operation with the Mental Health staff, organised a playgroup for mentally handicapped children at Hope School during the summer holidays.

Close links were also established with the newly-organised branch of the Samaritans.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY**Mental Illness :**

Patients notified as mentally ill	432
---	-----

Dealt with as follows :

Section 25, Mental Health Act, 1959	37
Section 26, Mental Health Act, 1959	2
Section 29, Mental Health Act, 1959	6
Section 60, Mental Health Act, 1959	1
Section 60, Mental Health Act, 1959	1
Placed under Guardianship	—
Admitted for temporary care	27
Informal admissions, Mental Health Act, 1959	204
Care and supervision in the Community	108
No action	46
Total number of visits to patients requiring care and supervision	958
Total number of visits to patients requiring after-care	2,384

Mental Subnormality :

Number of patients under Community Care at 31.12.71	182
Number of patients at Adult Training Centre	81
Number in Adult Special Care Unit	9
Number of admissions to hospital during the year :	
Temporary care	20
Informal admissions	1
Section 25, Mental Health Act, 1959	2
Section 26, Mental Health Act, 1959	—
Section 29, Mental Health Act, 1959	—
Section 60, Mental Health Act, 1959	1
Number of patients discharged from hospital during the year	5
Number of patients awaiting admissions to hospital at 31.12.71	2

Community Care and Other Work of Mental Welfare Officers :

Total number of domiciliary visits during the year	5,977
Total number of visits to Junior Training Centre and Special Care Unit	92
Total number of visits to Adult Training Centre	251
Total number of visits to Day Care Unit	167
Total number of visits to Hostel	115
Attendances at Billinge Hospital Case Conferences	250
Visits to patients in hospital	287
Visits relating to the welfare of patients in hospital	209
Attendances at Psychiatric Clinic	46
Special reports for hospitals regarding sub-normal patients	10
Social Histories for hospitals and at Psychiatric Clinics	285
Patients accompanied to Psychiatric Clinics	329
Attendances at Subnormality Clinic	5
Other visits	227

FAMILY SERVICE PROJECT

CASE LOAD

Families under supervision at 1st January	40
Families under supervision at 31st December	42

“OPERATION PHOENIX”

The integration of follow-up work on this project and family social work carried out over a wider area has resulted in the five main streams of social work contact detailed below. Headings a, b, c, and d apply to all areas of work, but e applies only to the project area.

- a. Long term case work with multiple problem families.
- b. Periodic case work with re-opened cases.
- c. Prevention of eviction referrals.
- d. Family advice, usually on single problems.
- e. Community problems.

Twenty-six families were supervised under headings a, b, c, and contact made with fifteen families under heading d. Fifty-five other interviews were also done under this heading. Community problems such as serious feuding involving more than two families and teenage anti-social activities were dealt with but on a greatly diminished scale.

OTHER AREAS

Two divorced women with large families had just begun to feel the benefit of having working sons, when the sons, for various reasons, left home.

The families, having experienced relative affluence after years of deep poverty, immediately presented a host of problems, economic and emotional, which for a time threatened their survival.

Both women became resentful and apathetic in turn and have not yet regained command of the family situation.

Two long term cases have gone through the year without a crisis.

PREVENTION OF EVICTION

Cases referred to Family Case Worker during 1971	150
Cases cleared during 1971	130
Cases being dealt with at the end of 1971	20
Absconded	5
Evicted	—

More families found difficulty in avoiding eviction, particularly in the last quarter of the year. Two families absconded immediately before eviction was due to take place. The Department of Health and Social Security agreed to supervise the payment of rent in one instance and pay it direct to the Housing Department in another.

Once again a wide range of family problems was brought to light, rent arrears being the symptom rather than the disease.

FAMILY ADVICE AND MATERIAL ASSISTANCE

Family advice, usually on single problems, has grown out of "Operation Phoenix" but now extends to the area covered by Pemberton Health Centre and on occasions to other areas of the town. This necessitated a total of two hundred office interviews.

Good preventive social work in the short-term has been accomplished through this function.

Material assistance in the form of second-hand furniture, collected and delivered in a Transport Department van with the aid of three long-term unemployed men, has met basic needs for all the main special need groups at some time during the year.

In common with various other sections of the Health Department, the responsibility for the family service project was transferred to the Social Services Department in December, 1971.

RESEARCH

Although the Department does not employ a whole-time research assistant, involvement with two forms of research takes place. These comprise co-operation with research projects carried out by recognised professional bodies and departmental research to ensure that effective policy decisions are made.

DEPARTMENTAL RESEARCH

Research within the Department is carried out by the various specialist, professional and administrative staffs. In order that both budgetary forecasting and service development be accurate and effective, it is imperative that sufficient management time be allocated to research. During 1971, extensive research into such subjects as developmental paediatrics, cervical cytology (particularly re-call procedures), child health record systems, and family planning all resulted in the implementation of new or improved services and systems.

CO-OPERATION WITH OTHER BODIES

Many questionnaires are received during the year requesting information for research programmes. It is essential that these be carefully authenticated before information be divulged, and on occasion information has been refused. Examples of some of the research programmes for which information was provided in 1971 included the National Child Development Study, Medical Research Council surveys and University Research Programmes. In addition, many questionnaires were received from national professional organisations. An interesting research programme was being carried out at Oxford University into the possibility that B.C.G. Vaccination reduces the risk of leukaemia in children, as suggested by some Canadian workers.

OCCUPATIONAL HEALTH SERVICE

The number of persons employed by Wigan County Borough Council and Makerfield Water Board who come within the remit of the Occupational Health Service is in the region of 4,000. This figure excludes teaching staff. For the majority of employees, the only involvement with the Occupational Health Service is as a potential employee. There are, however, certain other aspects of the Occupational Health Service and classification of these various facets is given below.

NEW APPOINTMENTS

All new appointments to the Authority are subject to the completion of a satisfactory medical examination before entrance to the Superannuation and Sickness Payment Schemes can be considered. A standardised procedure is adopted for the routine medical screening of all potential employees. This involves the completion of a questionnaire by the candidate which is presented to the examining doctor, who in turn completes a medical report. On the evidence submitted, the Medical Officer of Health decides whether or not to recommend entry into the Superannuation and Sickness Payment Schemes. If necessary, the candidate can be submitted for consultant advice before a decision is made.

RE-EXAMINATIONS

It may be necessary at the time of appointment to defer the recommendation of entrance to the Superannuation and Sickness Payment Schemes because of some medical condition which may be temporary in nature. Occasionally, therefore, it is possible to recommend the employment of a particular person but to defer his entrance to the schemes until a further medical examination can take place.

CONTROL OF ABSENTEEISM

Absence from work supported by medical certification varies considerably from department to department. The reasons are diverse and not only medical—job satisfaction, domestic problems and quality of management are important contributing factors. In an attempt to control prolonged absenteeism, sickness records are presented by the employing department to the Medical Officer of Health for examination and in many cases the problem is discussed with the individual employee's own family doctor. The purpose of this exercise is to provide the employing department with accurate information as to the probability of an early return to work and the likely future pattern of absence.

A further method of controlling absenteeism is to ask employees who have been away from their place of work for a lengthy period to visit the Health Department, assuming they are able to travel, whereupon medical examination by one of the medical officers in department can take place. While the aim is to help the employee with any medical or social problem, it has been known for employees to make a hasty return to work when such an examination is suggested.

EMPLOYEES IN HIGH RISK GROUPS

All employees engaged in bulk distribution of water supplies are screened for enteric carrier state. Approximately 400 persons are involved in the preparation, delivery and serving of school meals. Routine faeces and urine sampling of those employees handling food takes place to avoid as far as possible the incidence of food-borne infectious diseases. For those employees in regular contact with children, pre-employment X-ray examination is required, and where co-operation exists periodic re-examination is arranged.

SEASONAL PRECAUTIONS

It was not considered necessary to offer routine immunisation against influenza to all departments. Key personnel, however, in certain departments were invited to receive the vaccination, and a total of 200 persons availed themselves of this facility. The type of employee particularly benefitting from this precaution was health visitors, district midwives, home nurses, social workers, Treasurer's Department staff, Water Board staff and administrative and clerical staff.

EARLY RETIREMENT

With any large work force there is the possibility that a small percentage of employees will have to retire early because of ill health. Each request or suggestion for early retirement is thoroughly investigated before a final decision is made. The medical history is obtained and consultation with the family doctor and, if applicable, a clinical specialist usually takes place.

STATISTICS

Number of Examinations — 1971 :

New Appointments	.....	351
Re-examinations	.....	9
Absenteeism	.....	52
High Risk Groups	.....	94
Early Retirement	.....	12

HOUSING ON MEDICAL GROUNDS

The number of houses owned by the Council is 11,250 and there is a waiting list for council housing of some 1,600 persons. Consequently, the Housing Manager receives many requests from both existing tenants and persons on the waiting list for urgent rehousing or housing to be based on "medical grounds".

In the past, these requests transmitted directly to the Housing Manager were invariably referred to the Medical Officer of Health for verification and advice. In an attempt to assess these applications more critically, a system was introduced whereby all family doctors in the area were issued with a specially prepared form by which they could in confidence request the Medical Officer of Health to consider urgent cases for housing. This system has two distinct advantages. Firstly, the request for housing on medical

grounds is not only based on fact but is initiated by a responsible person. Secondly, the presentation of the information required in standard form enables each case to be assessed equitably because all pertinent information should be presented.

In the majority of cases, the information provided by the family doctor enables a decision to be made without further investigation, but occasionally it proves necessary to recruit one of the Department's specialist members of staff, e.g. health visitor or public health inspector, to make further enquiries which may have the effect of supporting the application.

During 1971, 179 recommendations for urgent housing or rehousing on medical grounds were received from family doctors.

CO-ORDINATION OF HEALTH SERVICES

Co-ordination and Co-operation with other parts of the National Health Service

The Chairman of the Health Committee is also Chairman of the Executive Council for the County Borough of Wigan. Members of the Borough Council are also members of both the Hospital Management Committee and the Executive Council and vice-versa.

The Medical Officer of Health, whilst not a member of the Wigan and Leigh Hospital Management Committee, serves on the Medical Advisory Committee which is represented on that Management Committee. He is also Hon. Advisor in Epidemiology and is a member of the Control of Infection Committee at the Royal Albert Edward Infirmary. There is no representative of the local authority at officer level on the Executive Council but the Medical Officer of Health is a member of the Local Medical Committee which reviews the medical administrative aspects of general practitioner services and advises the Executive Council.

In addition to the above, the Medical Officer of Health is Chairman of a liaison committee whose members include Medical Officers of Health of Counties and County Boroughs in and adjoining the Manchester Regional Hospital Board area, and the Senior Administrative Medical Officer of the Regional Hospital Board. The Department of Health and Social Security is also represented. He is also a member of the Medical Advisory Committee and of the Mental Health Advisory Panel of the Manchester Regional Hospital Board.

Locally a liaison committee has been established consisting of representatives of the Wigan and Leigh Hospital Services, both medical and administrative, the local authority services in the persons of the Medical Officer of Health, Wigan, and the Divisional Medical Officers of Divisions 8 and 11 of the Lancashire County Council Health Services, along with representatives, both medical and administrative, from the general practitioner services. The objects of the Committee are "To deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smoother working and greater efficiency."

During the year, the matters considered by the Committee included the following: Chronically Sick and Disabled Persons Act; Cremation Forms; the possible closure of casualty departments and the effect on the Ambulance Service; the transport of premature babies to hospital; early discharge of premature babies; battered babies; renal dialysis equipment in the home; whooping cough epidemic.

As suggested in the then Ministry of Health Circular 3/63, a designated officer is responsible for mobilising the community service for discharged hospital patients. In the past, difficulties have been minimal because of the unified control over Health and Welfare Services being exercised by the Medical Officer of Health. December, 1971, saw the newly appointed Director of Social Services assumed executive control of the Social Services Department and consequently new methods of co-ordination will have to be evolved.

The co-ordination of Education, Health and Welfare Services for handicapped children and young people recommended in the Joint Circular of March, 1966 has in the past never presented any problems in Wigan because of the Medical Officer of Health being responsible for a combined Health and Welfare Department as well as being Principal School Medical Officer. Here again the co-ordination of those sections of the Department which have now been transferred to the Social Services Department will have to be reviewed.

Excellent relations have long been established with the Hospital Services and there is full interchange of information with the Paediatrician, Orthoptic Surgeon and E.N.T. Surgeons and the Departmental Officers concerned with school and pre-school children. The closest co-operation is also maintained with general practitioners.

In order to meet the particular points in the circular a joint Case Conference is held when necessary and children of school age with multiple handicaps are reviewed. The conference is attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, Senior Mental Welfare Officer, School Welfare Officer and Youth Employment Officer. In addition, social workers responsible for child care are invited if any child whose case may be discussed is in the care of the local authority or thought to be in need of child care services. From time to time, representatives of voluntary organisations who might help with a particular case are invited to attend.

MAJOR ACCIDENT ORGANISATION

In the event of a major catastrophe it is essential that all those officers and services who will inevitably be involved shall be aware of the resources, commitments and liabilities of each other and that pre-arranged conventions governing the alerting of the services shall be widely known. To achieve this the co-operation of ambulance, fire, hospital, police and welfare services, both statutory and voluntary, in the County Borough and the surrounding area have been obtained. The Department has published in booklet form, comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. These schemes are reviewed annually and amendments made in the light of experience.

Section IV

**Prevalence of
and
Control over
Infectious Disease**

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

NOTIFICATIONS

Cases of Infectious Diseases notified during the year 1971

NOTIFIABLE DISEASE	At all Ages	CASES NOTIFIED								
		AGE GROUPS								
		under 1	1 and under 3	3 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over
Acute Encephalitis, Infective	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	1	1	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Food Poisoning	2	—	—	—	—	—	2	—	—	—
Infective Jaundice	11	—	1	—	6	2	1	1	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	149	11	35	50	49	3	1	—	—	—
Meningococcal Infection	2	1	1	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Scarlet Fever.....	9	—	1	2	3	3	—	—	—	—
Tuberculosis: Pulmonary	12	—	1	—	—	—	1	2	4	4
Other Forms	1	—	—	—	—	—	—	1	—	—
Whooping Cough	21	9	6	5	1	—	—	—	—	—
TOTALS	208	22	45	57	59	8	5	4	4	4

ANALYSIS OF NOTIFICATIONS BY MONTHS, 1971

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis, Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	1	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	2	—	—	—	2
Infective Jaundice	2	2	2	1	1	1	—	—	—	—	—	2	11
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	26	3	6	7	3	6	3	11	3	4	19	58	149
Meningococcal Infection	—	1	—	—	—	—	—	—	—	—	1	—	2
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	1	1	1	1	1	—	1	—	1	2	—	9
Tuberculosis: Pulmonary	—	2	1	1	1	—	—	1	2	1	—	3	12
Other Forms	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping Cough	4	4	4	3	2	2	—	—	—	—	—	2	21
TOTALS	32	13	14	13	9	10	3	13	7	6	22	66	208

COMPARATIVE NOTIFICATIONS FOR THE PAST TEN YEARS

DISEASE	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Acute Encephalitis: Infective.	—	1	—	—	1	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	6	8	5	7	—	2	1	2	1	1
Enteric or Typhoid Fever	—	1	—	—	2	1	—	—	—	—
Food Poisoning....	4	16	3	2	—	—	15	14	5	2
Infective Jaundice	—	—	—	—	—	—	6	82	64	11
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	39	700	652	469	246	364	615	126	356	149
Meningococcal Infection	5	3	2	—	1	—	3	2	3	2
Ophthalmia Neonatorum	—	—	—	—	—	—	2	1	—	—
Scarlet Fever	6	8	34	17	20	8	11	43	33	9
Tuberculosis: Pulmonary	25	38	27	21	22	15	23	16	15	12
Other Forms	2	3	6	2	5	2	2	2	2	1
Whooping Cough	1	82	9	3	7	27	11	1	28	1
TOTALS	88	860	738	521	304	419	689	289	507	208

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1971

Age Periods	NEW CASES				DEATHS			
	Respiratory		Others		Respiratory		Others	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	1	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—	—
15—	—	1	—	—	—	—	—	—
25—	1	1	—	—	—	—	—	—
45—	1	2	—	1	—	1	—	1
65—	3	—	—	—	3	—	—	—
75—	1	1	—	—	1	—	—	—
TOTALS	7	5	—	1	4	1	—	1

There were 5 deaths from Respiratory Tuberculosis compared with 5 in 1970 and none in 1969. One death from other tubercular infection occurred during the year.

COMPARATIVE STATISTICS, 1967 to 1971**CASES NOTIFIED**

	1967	1968	1969	1970	1971
Tuberculosis of respiratory system	15	23	16	15	12
Others	2	2	2	2	1
Totals	17	25	18	17	13

DEATHS

	1967	1968	1969	1970	1971
Tuberculosis of respiratory system	5	6	—	5	5
Others	1	—	3	1	1
Totals	6	6	3	6	6

DEATH RATES

	1967	1968	1969	1970	1971
Tuberculosis of respiratory system	0.06	0.08	0.00	0.06	0.06
Others	0.01	0.00	0.04	0.01	0.01
Totals	0.07	0.08	0.04	0.07	0.07

DISINFECTION**DISTRIBUTION OF DISINFECTANTS**

Disinfectants of proved potency are provided free to the occupiers of houses where infectious disease has occurred, and in cases where there are exceptional circumstances. Other persons who desire supplies are charged a small amount to meet the cost of the disinfectant.

Information on the correct use of these agents is given by the public health inspectors.

Section V

National Assistance Act, 1948

Part III

Welfare Services

ADMINISTRATION

The total number of staff employed on Welfare Services at 31st December, 1971, was 90, made up as follows :—

Administrative and Clerical (including persons in charge of Homes)	18
Home Staffs (other than person in charge)	58
Flats for the Aged — Part-time Wardens	8
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	4
Home Teachers for the Blind	2
	—
	90
	—

RESIDENTIAL ACCOMMODATION

The following table shows the numbers of aged persons provided with residential accommodation as at 31st December, 1971 :—

No.	Springfield (61)				Douglas Bank House (31)				Norley Hall (38)				Rockwood (19)				Woodlands Hall (40)			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Over 90	—	3	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
85 - 90	1	10	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
80 - 85	9	13	3	8	8	2	—	—	—	—	4	4	—	—	—	—	—	—	—	4
75 - 80	4	6	3	5	1	3	—	4	3	—	3	3	—	4	—	—	—	—	—	3
70 - 75	3	5	—	3	4	5	2	1	6	5	—	—	—	—	—	—	—	—	—	5
65 - 70	2	4	—	1	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	2
60 - 65	—	—	—	1	1	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—
Mentally and Physically Infirm	—	3	—	—	3	1	—	4	4	3	—	—	—	—	—	—	—	—	—	3
Average age	80.1		80.9		80.1		76.1		77.9											

Overall Average Age 79.6

The most marked feature in our work in this service is the changing social pattern of the residents in Part III accommodation. Shortage of psychiatric and geriatric hospital beds on the one hand and the provision of warden controlled flatlet accommodation on the other have combined to change the type of case admitted to residential units. The average age of residents is now almost 80 years and an increasing proportion are very infirm or handicapped.

During 1971, the admissions to Part III accommodation were as follows :

	M.	F.
(1) From own homes, lodgings, etc. (including short stay)	27	64
(2) From Hospitals	10	13

The numbers discharged from Part III accommodation were as follows:

(1) Number dying in Homes	1	9
(2) Number transferred to Hospital	14	14
(3) Number discharged elsewhere	4	2
(4) Number leaving after "short-stay"	11	51

SHORT TERM CARE

This is an extremely valuable service for it enables families and individuals who are devotedly caring for their aged relatives and friends to have a brief respite perhaps to proceed on holiday. During the year "short term care" was provided for 69 persons.

ADMISSIONS ARRANGEMENTS

Cases for admission are brought to the notice of the Department by personal application, by relatives, by general practitioners, members of the Council, Public Health Inspectors, Health Visitors and others. There is always a considerable number of persons awaiting admission, and it will be obvious that to admit applicants on a "first come - first served" basis would be impracticable. Some cases are of a more urgent nature and the date of application is therefore ignored in assessing priority. All cases are visited frequently and as a vacancy arises it is allocated to an aged person in most urgent need of care.

Where hospital patients are fit for discharge but unable to return home for any reason they are interviewed by a welfare officer and their names are entered on the waiting list. In this sphere, close liaison is maintained with the Consultant Geriatrician and the Almoners.

WAITING LIST

At the 31st December, 1971, 106 old people were awaiting admission.

CHARGES FOR ACCOMMODATION

The Standard Charge for the year was £12.15 per week but residents are assessed to pay according to their means and few are called on to pay at this rate.

CARE OF THE AGED

DOMICILIARY VISITING

A register of aged persons living alone is kept in the Department and the information includes particulars of relatives and friends with the frequency of visitation, the family doctor, nature of any disability, an indication of services provided, together with a resumé of the social conditions and financial circumstances.

Social Workers made 3,973 visits to aged people living in their own homes. Advice and guidance has been welcomed, and a pre-paid postcard was left with each person so that, in the event of their requiring any assistance, advice or welfare services in any way, they had only to post the card and a Welfare Officer would visit to render any assistance that might be required. The elderly appear to be bewildered by the complexity of the social services, and simple matters become, to them, problems of considerable difficulty. It is considered that the solution of these problems by the Welfare Officers made a difference to the mental contentment of the old persons concerned.

Excellent relationships exist between officers of the Department of Health and Social Security and those of the Department. There is an interchange of information regarding old people for whose benefit the services of either authority are being provided.

WARDEN CONTROLLED FLATLETS FOR THE AGED

There are now 238 flatlets in eight units :

Thorburn House	.....	.....	.....	33 flatlets
Alexandra House	.....	.....	.....	25 flatlets
Clifton House	.....	.....	.....	25 flatlets
Acton House	.....	.....	.....	25 flatlets
Hindley House	.....	.....	.....	25 flatlets
Pagefield House	.....	.....	.....	25 flatlets
Winster House	.....	.....	.....	40 flatlets
Brackley House*	.....	.....	.....	40 flatlets

* Five aged persons bungalows are connected by communication system to the Warden's flat.

The Welfare Services Section has been closely involved with the provision of community amenities, the appointment of wardens and the assessment of priorities for admission.

The combination of independence and companionship works well in practice, and the presence of a Warden, who can offer assistance in case of illness or emergency removes the fear which otherwise hangs over aged persons who live alone.

OTHER SERVICES

Holidays at "Rockwood," Colwyn Bay

Holidays at the Council's Aged Persons Home at Colwyn Bay were provided for aged persons who were in need of care and attention for a limited period, whose relatives or friends were themselves desirous of taking a holiday but who for the remainder of the year were prepared to care for them in their own homes.

Section 47—Removal of Persons in Need of Care and Attention

It was not found necessary to take action under this Section during the year. Cases have arisen where Section 47 procedure might have been applied but which have been avoided due to the satisfactory re-adjustment of the old person's mode of life, habits, etc., made possible through the efforts of the officers of the Health and Welfare Department.

Section 48—Protection of Movable Property

No applications were received during the year requesting the Authority to provide protection of movable property.

Section 50—Burial of the Dead

Under this Section of the Act, Local Authorities must accept responsibility for the burial or cremation of the body of any person who has died or been found dead in their area, where it appears that no other person or organisation will do so. The decision of the Ministry of Health that the cost of burial of patients dying in hospital could be a proper charge on health service funds has somewhat relieved the financial burden.

During the year, the service was provided in one case.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS**SECTION 29 — WELFARE OF THE BLIND**

The functions of the Authority are administered on an agency basis by the Wigan, Leigh and District Society for the Blind. Two Home Teachers are employed and seconded to the Society for duty. The Society provides sheltered employment and training for suitable blind persons, enabling them to engage in work in Workshops for the Blind.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. The needs vary considerably—financial assistance, education, training for employment, pastime occupations, handicrafts and cultural interests. In the course of their duties, the Home Teachers endeavour to establish a friendly contact between themselves and the blind persons, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

The care of the Deaf Blind persons without speech is one of the most difficult problems confronting the Home Teacher. All Deaf Blind persons must have regular visits and means of communication (e.g., The Manual Alphabet) must be taught and used.

The Society act as agents for the "British Wireless for the Blind" Fund and install and maintain all sets free of charge.

The Health and Social Services Committee pay the rentals on 28 Talking Book Machines which have been loaned to blind persons and are much appreciated.

Extra amenities, such as trips to the seaside, holiday grants, Christmas grants and all kinds of social activities are provided by the Society from the Voluntary Fund and it is only by the generosity of the many donors to the Fund that the Society is able to provide these services to the blind people of the area.

Classification of Registered Blind Persons by Age Groups

Age Group	Total Register 31.12.71			New Cases Registered during 1971		
	M	F.	Total	Age at Registration		
				M.	F.	Total
0	—	—	—	—	—	—
1	1	—	1	2	—	2
2	2	—	2	—	—	—
3	1	1	2	—	—	—
4	—	—	—	—	—	—
5 - 10	—	1	1	—	—	—
11 - 15	2	—	2	—	—	—
16 - 20	1	1	2	—	—	—
21 - 29	3	1	4	—	—	—
30 - 39	2	—	2	—	—	—
40 - 49	8	4	12	—	—	—
50 - 59	9	10	19	1	1	2
60 - 64	5	5	10	—	—	—
65 - 69	4	3	7	2	—	2
70 - 79	17	23	40	1	3	4
80 - 84	9	15	24	1	4	5
85 - 89	3	14	17	—	2	2
90 and over	2	2	4	—	—	—
	69	80	149	7	10	17

Ages at which Blindness Occurred

Age Group	Total Register			New Cases Registered during 1971		
	M	F.	Total	M.	F.	Total
0	13	6	19	2	—	2
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	2	2	—	—	—
5 - 10	—	3	3	—	1	1
11 - 15	2	2	4	—	—	—
16 - 20	2	1	3	—	—	—
21 - 29	6	4	10	—	—	—
30 - 39	6	2	8	—	—	—
40 - 49	4	1	5	—	—	—
50 - 59	8	9	17	1	1	2
60 - 64	7	8	15	1	—	1
65 - 69	6	10	16	1	—	1
70 - 79	8	20	28	2	4	6
80 - 84	4	8	12	—	4	4
85 - 89	2	3	5	—	—	—
90 and over	—	—	—	—	—	—
	69	80	149	7	10	17

During the year ended 31st December, 1971, 19 names were added to the Register of Blind Persons and 18 were removed. Details are shown in the following tables :

Number of registered blind persons at 31.12.70	148
Registered 1st January to 31st December, 1971	17
Transfers into area	2
Re-certified	—
	19
	167
Deaths	16
Transfers out of area	2
De-certified	—
	18
Number on Register at 31.12.71	149

The cause of Blindness in the above new cases was as follows :

	Males	Females
Cataract	—	2
Corneal Ulcers	—	1
“Dry Eyes”	1	—
Glaucoma	2	1
Macular Degeneration	2	4
Myopia	—	2
Optic Atrophy	2	—
Total	7	10

Follow-up of Registered Blind Persons :

(1) Number of cases registered as blind during the year in respect of which Sec. D. Para. 1 of Forms B.D.8 recommends :	Cause of Disability			
	Retrolental			
	Cataract	Glaucoma	Fibroplasia	Others
(a) No treatment	1	1	—	7
(b) Treatment (medical, surgical or optical)	1	2	—	5
(2) Number of cases at (1)(b) above which, on the follow-up action, have received treatment	1	2	—	5
(3) Number of cases at (2) :				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	1	2	—	5

Follow-up of Registered Partially Sighted Persons :

(1) Number of cases registered as partially sighted during the year 1971 in respect of which Sec. D. Para. 1 of Forms B.D.8 recommends :	Cause of Disability			
	Retrolental			
	Cataract	Glaucoma	Fibroplasia	Others
(a) No treatment	—	—	—	1
(b) Treatment (medical, surgical or optical)	1	—	—	3
(2) Number of cases at (1)(b) above which, on follow up action have received treatment	1	—	—	2
(3) Number of cases at (2) above in which :				
(a) Vision improved	1	—	—	2
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	—	—	—	—

Register of Partially Sighted Persons :

Age Group	Registered at 31.12.71			Registered during 1971		
	M	F.	Total	M.	F.	Total
0 - 1	—	—	—	—	—	—
2 - 4	—	—	—	—	—	—
5 - 15	3	1	4	—	—	—
16 - 20	1	—	1	—	—	—
21 - 49	6	3	9	—	—	—
50 - 64	1	4	5	—	2	2
65 and over	12	12	24	2	1	3
	23	20	43	2	3	5

WELFARE OF BLIND CHILDREN

Two blind children, who have been ascertained under the Education Act (Handicapped Pupils and School Health Service Regulations) as being in need of special educational treatment, are being maintained by the Authority as follows :

	Male	Female
West Derby, Liverpool	1	—
Wavertree School for the Blind	—	1

WORKSHOP EMPLOYMENT

The types of employment and extent of provision available for Borough cases are as follows :

Brush making	2
Pallet making	3
Machine Knitter	1
Piano tuning	1
Salesman	1
Cleaner	1
Labourer	1

HOME WORKERS

There is no Home Workers' Scheme in Wigan.

PLACEMENT IN OPEN INDUSTRY

The following arrangements have been agreed for carrying out the placement of blind persons in open industry :

- (1) That each case within the area of the Wigan County Borough be dealt with as it arises.
- (2) That the operation of the placement service be dealt with jointly by the Medical Officer of Health, through the Welfare Services Section, the Voluntary Society for the Blind, through the Superintendent, and the Local Disablement Resettlement Officer.

WELFARE OF THE DEAF

The functions of the Authority are, in accordance with the Approved scheme, administered on an agency basis by the Wigan and District Deaf and Dumb Society, acting as agents for the County Borough of Wigan.

DEAF REGISTER — GROUPING

	Male	Female
Children under 16 :		
Attending Special School	7	3
Persons 16 and upwards :		
Employed	26	7
Unemployed but capable of, and available for, training for work	—	2
Incapable of, or not available for, work ...	8	15
	—	—
	41	27
	68	

Register of the Deaf as defined in Department of Health Circular 25/61

	Under 16 years	16-64 years	65 years and over
MALE			
Deaf without speech	7	18	8
Deaf with speech	—	4	4
FEMALE			
Deaf without speech	3	12	8
Deaf with speech	—	4	—

WELFARE

The Society places great importance on the well being of deaf persons throughout the area, whether it be in their own home or in the outside world and, to this end, visits are made regularly to the old, sick and infirm deaf and assistance given in many ways with the many difficulties and problems which arise.

In the sphere of employment, too, much time is spent in placing the deaf in suitable employment and, in co-operation with the Disablement Re-settlement Officers of the Department of Employment and with the Youth Employment Officers in the placement of the deaf school leaver, every effort is made to see that the deaf person is usefully and happily employed and content.

Interpretation in situations when it is absolutely essential that everything is understood by the deaf, is perhaps the most important aspect of the work and, in this context, assistance is given throughout the year in Hospitals, Doctors' Surgeries, Local Government Departments, Solicitors' and Police Offices.

SOCIAL

The pattern of the social life remains much the same with members participating in social events in the club and various outside activities taking place which cater for younger members. At certain times, visits are made to other clubs for the deaf and members value this very much.

Church Services are held each week in the Chapel at the Centre and celebrations of Holy Communion and Holy Mass also take place each month.

ACCOMMODATION

	Males	Females
Home for the Aged and Infirm Deaf, Blackpool	1	2

WELFARE OF THE HARD OF HEARING

There are 235 known hard of hearing persons in the Wigan Borough area.

During the year, help was provided through the Local Society for the Deaf in obtaining repairs of Medescro Hearing Aids. Advice and assistance have also been given in individual cases.

There is a local Hard of Hearing Fellowship which has a membership of 30.

HANDICAPPED PERSONS (General Classes)

Classification of Generally Handicapped Persons :

	Adults		Children		Total
	M.	F.	M.	F.	
Amputation	43	8	1	—	52
Arthritis and Rheumatism	26	35	—	—	61
Congenital Malformation	29	15	3	1	48
Diseases (Digestive, Heart, Chest)	76	38	—	—	114
Injuries	82	14	—	—	96
Organic Nervous Diseases	74	70	1	—	145
Other Nervous & Mental Deformities	17	16	—	—	33
T.B. (Respiratory)	11	5	—	—	16
T.B. (non-Respiratory)	4	—	—	—	4
Other disorder (not specified above)	14	5	—	—	19
	376	206	5	1	588

HANDICAPPED PERSONS (Accommodation)

Four Handicapped Persons are in accommodation provided by other authorities as follows :

	Males	Females
Maghull Homes for Epileptics	—	1
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam	—	1
Royal National Institute for the Blind	1	—

CHRONICALLY SICK & DISABLED PERSONS ACT — 1970

During the year, the following services were provided for disabled persons under Section 2 of this act :

Telephones - 5; Toilet Aids - 9; Bath Seats - 4; Bath Rails - 15; Chair ejector seats - 2.

Adaptations included pavement crossings, access paths, handrails, conversion of existing buildings into ground floor toilets and widening of doors.

HANDICRAFTS

Handicraft classes are held at the Social Centres in Crompton Street and Tunstall Lane, and visits are made to homebound handicapped persons.

During the year, 216 classes were held and 342 visits made to the homebound.

Handicapped persons are taking advantage of the facilities offered at the Centres and have been encouraged to attend the handicraft classes provided. The types of work undertaken by the men are rugmaking, basketry, lampshades, tapestry, leatherwork; the main occupations of the women being crochet work, embroidery, hand and machine knitting, woodwork, lampshades, millinery and raffia work.

There appears to be a very happy atmosphere in the Classes and many new friendships have been made.

OTHER SERVICES

Holidays and short-term care have been arranged for blind and other severely disabled persons at the Aged Persons' Home at Colwyn Bay, and Leonard Cheshire Homes at Windermere and Garstang.

The Council operates the parking badge scheme recommended by the Ministry of Transport and 56 badges have been issued to disabled drivers living in Wigan. Disabled drivers displaying the badges on their vehicles are allowed to park free of charge on the Council's car parks.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.R.V.S., Red Cross, Old People's Welfare Committees, Churches, Salvation Army, Youth Organisations and Dramatic Societies in connection with the welfare of aged and handicapped persons. During the year the following amenities were provided :

- Outings for handicapped people;
- Food parcels and coal to needy and elderly persons;
- Books, magazines, etc., to Homes and Centres;
- Clothing for necessitous cases;
- Visiting elderly persons;
- Complimentary tickets for social events;
- Film shows.

Section VI



**Sanitary Circumstances
of the Area**

WATER SUPPLY

The responsibility for the supply of water to the Borough is vested in the Makerfield Water Board. The Medical Officer of Health acts as Medical Officer to the board. This appointment ensures close liaison with the Local Health Authorities and ensures to the board an immediate consultancy service on all matters sanitary and environmental which are liable to affect the supply of potable water. During the year the sources of supply remained unchanged and have been found satisfactory as regards quantity and quality

I am indebted to Mr. D. J. Findlay, Engineer and Manager of the Board, for the following information :

Chemical analysis of the various sources remain virtually unchanged and the results of bacteriological examination of supplies in the area are as follows :

	No. of results showing Coliform bacilli		Bact. Coli
	Coliform bacilli absent	present	(Type 1) present
Raw water	106	4	4
Treated water	259	10	—

CHEMICAL ANALYSIS

Representative results from each major source are shown in the table on page 120.

The waters have apparently shown no tendency towards plumbo-solvent action and no special precautions are taken apart from routine chemical analysis in regard to this.

Action taken in respect of any form of contamination is as follows :

If contamination occurs above the treatment works, this is either combatted by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination showing up in any "district" samples, immediate re-sampling is undertaken, and in the event of this confirming contamination, the main or service affected is disconnected and chlorinated after which a further series of samples are taken until the matter is cleared up.

The number of dwelling houses and the number of population supplied from public water mains direct to the houses are as follows :

Dwelling houses	27,483
Population	81,140

No houses are supplied by means of standpipes.

702 new houses were connected during the year.

PUBLIC BATHS

This imposing building, at the junction of Library Street and Chapel Lane, houses a complex of three Swimming Pools, Sauna and Russian Baths, Private Baths and Showers, Establishment Laundry and Public Hall. Overlooking the main pool is a cafe.

The International Swimming Pool was opened in May, 1966, and has been visited by swimming enthusiasts and architects from many parts of the world. The pool is 165 ft. long by 42 ft. with diving facilities up to ten metres.

The two other pools are used for coaching and teaching. A glance at the attendance figures will confirm that the service is adequately used.

BATHERS 1971

Swimming	407,374
Education Department (children under instruction)	178,104
Private Baths and Showers	21,832
Russian Bath	9,904
Sauna Bath (opened September, 1969)	5,997
	623,211

Number of Bathers during the past five years :

1967	448,314
1968	603,520
1969	622,556
1970	632,043
1971	623,211

PUBLIC CLEANSING

Mr. E. Cox, the Director of Public Cleansing, has supplied the following particulars :

REFUSE COLLECTION AND DISPOSAL

House and Trade refuse was collected by mechanical transport and 98 % was disposed by means of controlled tipping.

The quantity of refuse dealt with by the refuse disposal plant during the year 1971 was 2,603 tons and the amount tipped was 28,829 tons.

TRADE REFUSE

Fixed charges were introduced on 1st November, 1950, for the removal of trade refuse. The shops and business premises in the town centre had a daily collection.

Refuse delivered to the tipping site by private traders and contractors amounted to 9,635 tons. The charge made for this service was in accordance with the vehicle capacity and the amount tipped.

GULLY CLEANSING, PAILS & CESSPOOLS

During the year, 18,114 street gullies were emptied, cleansed and resealed with fresh water. There are a small number of pails, septic tanks and cesspools within the Borough and these were regularly emptied and serviced by mechanical means.

PUBLIC CONVENIENCES

The following conveniences and urinals were maintained and cleansed by the Department :

1 public convenience for ladies and gentlemen, with attendants.

9 public conveniences for ladies and gentlemen, without attendants.

9 public urinals.

All urinals were cleaned and inspected twice a day, once on Sundays.

GENERAL

In April 1950, the Corporation introduced a Dustbins Renewal Scheme as a direct rate charge.

During the year, 2,215 bins were renewed and 171 sold to private properties not included in the scheme. In addition 29 bulk containers were supplied for use at new blocks of flats and certain industrial premises.

Under the civic amenities act items of a bulky nature (mattresses, beds and furniture) are collected free of charge and during 1971 the Department made 3,483 separate calls.

3,877 miles of street were swept during the year.

CREMATION

The Medical Officer of Health, and the two Senior Medical Officers in Department, act as medical referees to the Corporation Crematorium. During the year, 1,133 certificates for cremation were issued.

MORTUARY

Following the amalgamation of Lancashire Police Forces, the administration and control of the Borough's Mortuary was transferred to the Health Department. The Mortuary is situated in Sovereign Road within the boundary of the Highways Department.

During the year, 167 bodies were received in the Mortuary. Post Mortems were carried out on 41 of these. In the case of 37 others, no further inquiries were considered necessary as death certificates were issued by general practitioners. The remaining 89 were transferred to Wigan Infirmary on Coroner's Orders.

PUBLIC HEALTH INSPECTION

Mr. J. B. Marsh, Chief Public Health Inspector, reports :

A full complement of Inspectors and ancillary staff was maintained during the year and the Council's long and short term environmental health programmes were maintained.

As was expected, the predicted shortage of solid smokeless fuels did not materialise and although three of the original smoke control orders were suspended until 30th April, 1971, it was not necessary to continue the suspension. Confidence thus restored, the Council decided to make the County Borough of Wigan (No. 8) Smoke Control Order, 1971, which affects some 880 houses in the Barnsley Street/Hodges Street area. National Survey figures reveal a staggering reduction of 70% in smoke and 40% of sulphur dioxide at ground level since smoke control legislation was introduced. The North West regional reduction unfortunately is not of that order and it is hoped that all Councils will review and accelerate their programmes in the future.

During the year, 270 families comprising 789 persons were rehoused from slum clearance schemes and others. Some 351 unfit houses were demolished. This was an increase in houses demolished but a reduction in persons rehoused, a slight reversal of the previous year's trend. Whilst reviewing housing problems, improvement of houses is looming larger with an ever increasing number of applications and completions. The year's end revealed a record number of 276 houses being completely improved. Qualification Certificates are issued on application by the landlord of controlled houses after the notice is given to the tenants by the local authority. These certificates are only granted if the properties are fit to live in, contain all the standard amenities for the exclusive use of the tenants and are in a good state of repair, having regard to age, character and locality. They enable a landlord to apply for a phased increase in rent. The number issued rose to 274, an increase of 103 on the previous year.

The occupational health, safety and welfare of employees of offices, shops, warehouses, restaurants and other similar commercial premises is constantly under review. A complete annual cycle of general inspections was made under the Offices, Shops and Railway Premises Act, 1963, on all registered premises. This compares most favourably nationally and indeed in similar fields only an average four-year cycle is maintained.

The general public more than ever before showed their concern in the quality of food as evidenced by the 70 complaints brought to the Department. All these complaints were investigated no matter where the food originated. In 17 cases, the Committee thought the complaints justified legal proceeding being instituted and in all these cases fines were imposed by the Magistrates' Court.

SUMMARY OF WORK UNDERTAKEN DURING THE YEAR

Houses and premises inspected and visited re nuisances and complaints	1,424
Re-visits to nuisances	1,757
Nuisances discovered	687
Nuisances abated.....	578
Notices issued (preliminary)	214
Notices issued (formal)	285
Letters issued re Nuisances	255
Visits to premises re Housing Acts	1,345
Re-visits to premises re Housing Acts	720
Visits to premises re Improvement Grants	846
Re-visits to premises re Improvement Grants	2,058
Visits to premises re Standard Grants	179
Re-visits to premises re Standard Grants	30
Visits re Qualification Certificates	574
Visits to premises (testing of drainage)	730
Visits to premises re applications for tenancy of Council houses	22
„ verminous premises	30
Visits re Infectious diseases and food poisoning	80
Visits to slaughterhouses	3,894
Visits re Offensive trades	3
„ Diseases of Animals Act, 1969	51
Visits to markets	171
„ butchers' shops	146
„ food preparers	92
„ caterers	224
„ other food shops	746
„ dairies	20
„ milkshops	91
„ ice cream manufacturers	20
„ ice-cream shops	168
„ bakehouses	77
„ delivery vans and stalls	1,049
„ licensed premises	218
„ houses in multiple occupation	33
„ factories—power	261
„ factories—non-power	12
„ cinemas	2
„ places of entertainment	11
„ Shops re Shops Act	349
Shops Act observations	125
Visits re Offices, Shops and Railway Premises Act	1,922
„ rats and mice—dwellings	1,807
„ „ „ other premises	738
„ smoke abatement	3,090
Reports to Director of Public Works re dangerous structures	14

Visits to Pharmacy and Poisons Act	12
„ Rag Flock Act	4
„ Noise Abatement Act	36
Visits to Animal Boarding establishments	3
Other visits made	856

SAMPLES OBTAINED

Foods and Drugs	227
Water (for chemical analysis)	4
Water, Milk and Ice-Cream (for bacteriological examination)	381
Fertilisers and Feeding Stuffs	4
Rag Flock	4

DAMAGE BY PESTS ACT

Council Properties inspected	539
„ „ sprayed	437
Private Dwellings inspected	195
„ „ sprayed	83
Business Premises inspected	465
„ „ sprayed	300

AIR POLLUTION

The investigation of air pollution is carried out by the Warren Spring Laboratory, a branch of the Ministry of Technology and the Council is a contributor to the national survey of smoke and sulphur dioxide. The equipment used is standard and consists of a deposit gauge, the contents of which are analysed monthly, and a daily smoke filter and volumetric sulphur dioxide apparatus.

The results obtained from the volumetric and smoke filter apparatus are being found to be above the national average. The fact that the station is not at present within the boundaries of a smoke control area may have some bearing on this fact and in order to indicate that these results may not be typical of the level of atmospheric pollution throughout the Borough it is hoped that a further station will be set up during the coming year. It is intended that, if possible, the new station will be within an established smoke control order.

Below is a monthly analysis of the grit fallout collected by the deposit gauge.

DEPOSIT GAUGE AT WIGAN INFIRMARY

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month-ly Av.
Total Solids (tons/sq. mile)	10.30	8.46	9.19	11.97	9.46	9.31	8.50	8.55	4.53	8.37	8.29	6.60	8.63
Insoluble Solids (tons/sq. mile)	7.28	4.35	5.72	7.73	6.27	4.86	6.24	4.23	2.86	4.11	3.53	3.85	5.09

DOMESTIC POLLUTION

The County Borough of Wigan (No. 8) Smoke Control Order, 1971, affecting 902 premises to the west and adjoining the existing Nos. 6 and 7 Smoke Control Areas was made by the Town Council on the 5th October, 1971. At the end of the year, confirmation of the Order was awaited from the Secretary of State for the Environment.

Further progress toward the complete coverage of the Borough with Smoke Control Orders has been limited and it is now apparent that the target date for completion, originally set at 1975, will have to be amended. The threatened shortage of solid smokeless fuels which had been forecast by the fuel producing industries and later confirmed by Central Government led to the suspension of three operative smoke control orders during the early part of the year. In the event, no difficulty was experienced in obtaining these fuels during the winter months and the suspensions were duly lifted in the Spring.

However, the publicity which the threatened shortage received, with the consequent lack of confidence in future supplies, plus the current price of smokeless fuels when compared with that of bituminous coal do little to advance the case for the abolition of smoke from household coal by the formation of smoke control areas, which is in itself a costly operation.

Nevertheless, it is firmly believed that the advantages of clean air cannot be overstated and it is hoped that in the near future greater progress can be made in making Wigan a cleaner and healthier town in which to live and work.

The position as regards Smoke Control Orders made by the Town Council is now as follows :-

SMOKE CONTROL AREAS

	Acres	Dwellings	Factories	Other Premises	Date of Operation
No. 1	97	1320	1	24	1.7.62
No. 2	609	4360	3	35	1.12.62
No. 3	550	1501	2	18	1.12.63
No. 4	64	629	1	297	1.8.68
No. 5	647	1702	1	32	1.7.69
No. 6	181	647	—	3	1.9.69
No. 7	254	1737	1	36	1.9.70
No. 8	159	888	1	13	

When the No. 8 Smoke Control Order becomes operative, which is expected to be September, 1972, 50.3 % of the acreage and 38.6 % of the premises of the town will be affected by smoke control orders.

Surveillance of premises within operative smoke control areas continues and a number of warning letters regarding the burning of coal have been sent to occupiers of premises from which smoke due to the burning of coal has been detected. It has not been found necessary to institute legal proceedings against domestic offenders. In addition, solid fuel merchants making deliveries within smoke control areas have been kept under observation.

INDUSTRIAL POLLUTION

Smoke from industrial and commercial premises continues to receive attention with managements in most cases willing to take the necessary steps to obviate unsatisfactory conditions brought to their attention informally. A source of nuisance found to be on the increase is smoke from open fires, mainly on demolition sites. Numerous visits have been made to various sites in order to keep this problem under control.

CHIMNEY HEIGHTS

Plans showing proposals to erect 10 new chimneys were received. In each case a satisfactory height was agreed upon and the plans subsequently passed.

PRIOR APPROVAL OF BOILER PLANT

Proposals to instal new boiler equipment were received from 10 applicants. All plans were approved as being satisfactory.

SMOKE OFFENCES

Proceedings regarding a contravention of Section I of the Clean Air Act, 1968, were considered before the Wigan Borough Magistrates Court in February. The defendants pleaded guilty to the offence and a fine of £10 was imposed.

OFFENSIVE TRADES

The offensive trade premises in the Borough comprise 1 Fell Monger and 1 Gut Scraper—both factories being situated away from the residential areas. Many visits have been paid to these premises and no cause for complaint has been found.

THE RAG FLOCK & OTHER FILLING MATERIALS REGULATIONS, 1951

Four samples were taken during the year and the results of the examinations were satisfactory.

FACTORIES ACTS

273 routine visits were made to factories and other premises in the area. The tables below show the conditions found and action taken.

PREMISES	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	12	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	258	249	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	12	—	—
Total	273	273	13	—

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temp. (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)....	—	—	—	—	—
Infective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	23	22	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	23	22	—	1	—

OUTWORKERS

From the lists received 21 persons were engaged in basket making.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

All premises where persons are employed which are offices or “shops”, apart from those attached to Factories or occupied by the crown or a local authority, must be registered with their Local Authority under this act. The main provisions are concerned with the environment of the employed person at his or her place of work.

It has been possible to achieve 100 per cent inspection of all premises covered by the Act in the Borough during the year — I am pleased to report that the improvement in working conditions brought about by the Act is being maintained. Details of work carried out under this Act are given in the following tables.

INSPECTIONS

886 general inspections and 1,922 other visits were made during the year.

SUMMARY OF CONTRAVENTIONS FOUND DURING GENERAL INSPECTIONS

Eating facilities	—
Floors, passages and stairs	26
Fencing, exposed parts of machinery	6
Washing facilities	27
Supply of drinking water	—
Cleanliness	23
Overcrowding	2
Lighting	6
Sanitary Conveniences	11
Abstract of Act	22
Clothing Accommodation	—
Sitting facilities	2
Temperature (thermometers)	22
Temperature (heating)	7
Ventilation	7
First Aid—General Provisions	32

REGISTERED PREMISES

Class of Premises	No. of premises registered at end of year	No. of registered premises receiving a general inspection during year
Offices	285	287
Shops	471	484
Wholesale shops, warehouses	48	48
Catering establishment open to the public, canteens	60	65
Fuel storage depots	1	2

NOTIFIABLE ACCIDENTS

Fifty-four accidents were reported during the year, investigations as to the cause being carried out in 41 cases.

Legal proceedings were instituted in two cases, both concerned with improperly guarded conveyor-belt systems. The first, reported last year, concerned an employee trapped at the return end of a conveyor-belt. She slipped and her arm was carried round the head roller and trapped in between the belt and the idling pressure roller, causing multiple fractures and severe friction burns. The second occurrence concerned a young girl who was trapped by the arm at the junction to two conveyor-belts; fortunately she was only slightly built and received minor friction burns only. In both cases, the firms pleaded guilty and were fined.

This aspect of the Act demands more attention from the Inspectors as the occupiers of premises covered by the Act continue to install more mechanical handling devices and other machinery. The proper training of operators in safe methods is essential, if more serious accidents are to be avoided, particularly is this so where fork lift trucks are used as this equipment readily lends itself to misuse and horse-play.

ANALYSIS OF PERSONS EMPLOYED

Class of Workplace	No. of persons employed
Offices	3,340
Shops	2,243
Wholesale departments, warehouses	1,045
Catering establishments open to the public	689
Canteens	17
Fuel storage depots	12
	<hr/>
Total	7,346
Total males	2,138
Total females	5,208

LEGAL PROCEEDINGS

Legal proceedings were instituted as previously reported in two cases under Section 17 of the Act; in the first instance the firm was fined £60, in the second £30 and in both cases the firms pleaded guilty.

Proceedings were also instituted against a firm of Beer Bottlers concerning a separate warehouse and store, fourteen informations were laid under various sections of the Act and Regulations. The firm admitted that all the contraventions existed but claimed that the Act did not apply to the premises as it was a returned bottle store and these were not used by them in their trade and alternatively that the persons working there only went to the building occasionally and did not work in total more than twenty hours in any week. Despite evidence to the contrary by Inspectors, the magistrates dismissed the case but would not award costs to the defendant as the premises had been registered with the authority and the firm had never previously claimed that the Act did not apply despite several representations by the Inspectors to have the defects remedied.

PHARMACY AND POISONS ACT, 1933

Number of "Listed Sellers" on register 41

PLACES OF ENTERTAINMENT

The commercial places of entertainment are usually found to be up to standard whilst most of the occasional licences are granted for school halls which can soon be brought up to standard by temporary signposts for facilities provided and it has not been found necessary to object to any application for a licence.

RODENT CONTROL

The demand for the services of this section seems to grow every year, complaints being received regularly from newly built property where the service ducts carrying water, electricity and gas have not been properly sealed, allowing rats disturbed by building operations to find a fresh home in the new property.

Representations are made to all builders regarding this problem, which causes unnecessary work for this section and consternation to the occupiers.

All infestation in domestic property is investigated and treated as a charge on the rate fund.

Business premises can engage the department, either on contract or by paying a separate time and materials charge for each visit.

It is pleasing to record that excellent co-operation is experienced from the operatives of the Lancashire River Authority in the treatment of Water Courses within the Borough.

Section VII



Housing

SLUM CLEARANCE

The detailed surveys of all Slum Clearance Areas programmed for the year were carried out resulting in the representations as scheduled below:

INDIVIDUAL UNFIT PROPERTIES

Number of unfit houses represented to committee	.....	.....	.....	.....	22
Number of Demolition Orders made	.....	.....	.....	.....	15
Number of Closing Orders made	.....	.....	.....	.....	3
Number of Undertakings Not to Relet	....	.....	.....	.....	1

CLEARANCE AREAS (Not including Individual Unfits)—

COMPULSORY PURCHASE ORDERS CONFIRMED

Poolstock/Corporation Street Order containing 155 houses.

Silver Street/Hardybutts Order containing 176 houses.

Caunce Street/Stanley Street Order containing 50 houses.

Mason Street/Clare Street Order containing 23 houses.

Queen Street/Highfield Order containing 54 houses.

COMPULSORY PURCHASE ORDERS SUBMITTED

Queen Street/Highfield Order containing 54 houses.

Pool Street/Oldfield Street Order containing 215 houses.

The reduced number of houses submitted during the year was due partly to having exceeded the number programmed for 1970 and the need to extend certain areas under consideration during 1971. The orders will be submitted early in the new year. These delays have meant that slight variations in the programme have been made but without slowing down and the Housing Section are just keeping pace with the schedules.

DEMOLITION AND REHOUSING

	Number of houses	Persons Rehoused	Families Rehoused
Houses demolished in or near Clearance Areas	331	759	259
Houses demolished as a result of individual action	20	29	10
Unfit houses closed	3	1	1
Houses demolished previously reported closed	5		

REPAIR

UNFIT HOUSES MADE FIT

After informal action by local authority	9
After informal notice under Housing Acts	1
After formal notice under Public Health Acts	24

OTHER HOUSES IN WHICH DEFECTS WERE FOUND

After formal notice under Public Health Acts	136
After informal action by local authority	318

IMPROVEMENT AREAS

Several meetings were held during the year with officials from the Department of the Environment concerning the proposed Whelley General Improvement Area. The survey of all three areas was completed and it was decided to include the B.S.I.F. houses within the area as refurbishing of these properties became urgent due to the fire risks and general disrepair. It became increasingly obvious that the £50.00 grant for improvement of the environment was completely inadequate and formal representation was withheld in the hope that this amount would be raised.

The position in the areas designated as Improvement Areas before the advent of the Housing Act, 1969 was as follows :

Improvement Area	No. in area	No. below standard on designation of the area	Number Improved Completed	No. remaining to be improved
No. 1 (Swinley)			Completed	
No. 2 (Scholes)			Completed	
No. 3 (Springfield)	128	81	81	Nil (Completed)
No. 4 (Springfield)	211	137	103	34
No. 5 (Springfield)	282	232	168	64
No. 6 (Gidlow)	140	114	29	85
No. 7 (Gidlow)	404	292	114	178
Totals	1255	856	495	361

Area No. 3 was completed during the year and in Area No. 4, where the owner of five properties refused to improve, the Corporation purchased by mutual agreement. Three of the properties are in the process of being improved and a fourth, formerly a vacant house, is used for decanting purposes.

Health Department staff continued to use their powers of persuasion and the use of compulsory powers for purposes of acquisition was again unnecessary.

The Housing Manager has kindly provided the following information which is not of course included in the above figures :

Estimated number of Council Houses	
refurbished during 1971	110
Estimated number of Council Houses	
required to be refurbished from 1972	2390

HOUSE IMPROVEMENT

For the sixth year in succession House Improvement Grants approved exceeded the total from the previous year. The impact of the increased financial assistance and type of work which could now be grant aided contained in the Housing Act, 1969, began to have its desired effect.

Whilst the Wigan area was not designated an Intermediate Area within the terms of the Housing Act, 1971, the flow of applications, both formal and informal, continued to increase at a steady rate and to such extent that additional staff had to be engaged on this vital work.

The enhanced gains, financially, in applying for Improvement Grants was well publicised both by press and television with the obvious result that the number of applications for Improvement Grant exceeded those for Standard Grant for the first time. A similar situation occurred in relation to both grants approved and grants completed. Thus the objects of the Housing Act, 1969, are appearing to be achieved, in that the higher twelve point standard is being satisfied thus prolonging the life of these structurally sound dwellings.

Details of Standard and Improvement Grants are as outlined in the table below :

	Standard Grants	Improvement Grants	Standard Contribution	Improvement Contribution	Totals
Formal Applications	161	164	3	7	335
Formally Approved	148	154	3	6	311
Completed	134	137	2	4	276

Thus the number of applications for Improvement Grant approved for 1971 were up by some 16%. More significant is the fact that completions increased by some 49% for Improvement Grants and by 36% for all types of grant, a record number of 276 being completed.

QUALIFICATION CERTIFICATES

Landlords of rent controlled properties can apply to the local authority for Qualification Certificates to enable the Rent Officer to fix a fair rent after due consultation with the tenants.

The properties must contain all the standard amenities for the exclusive use of the occupants, be fit for human habitation and be in a good state of repair, having regard to age, character and locality. The tenancy is then changed from "controlled" to "regulated" but the tenant loses none of his former rights.

Where properties do not contain the standard amenities, the landlord may, after submitting schemes of improvement, apply to the local authority for a Provisional Qualification Certificate which would enable the Rent Officer to indicate what kind of future rent the landlord could expect after

works of improvement were carried out. In the latter case, these combined applications were comparatively slow in being submitted.

The relevant figures are as follows :-

Improvement Cases :

Number of applications received	32
Number of certificates of Provisional Approval issued	27
Number of Qualification Certificates issued	8

Standard Amenities provided :

Number of applications for Qualification Certificates	242
Number of Qualification Certificates issued	144
Total number of applications	274

COMMON LODGING HOUSES

There are now no registered common lodging houses within the Borough, and constant surveillance of the district revealed no unauthorised common lodging houses.

HOUSES IN MULTIPLE OCCUPATION

There was a decrease in the total number of dwellings used for multiple occupation. This was due to demolition of certain properties for road widening purposes and to action taken under the Housing Act, 1957, involving clearance areas.

The management of this type of accommodation does not present a problem to the Department.

LEGAL PROCEEDINGS

Action under Part II of the Housing Act, 1957, was instituted for a number of properties, but it was not found necessary for any legal proceedings to be taken during the year.

RENT ACT, 1957

One application for a Certificate of Disrepair was received. This application was refused by the Council.

Section VIII



**Inspection and
Supervision of Food**

EXAMINATION OF WATER

CHEMICAL SAMPLING

During the year, 4 routine samples of domestic water were sent to the Public Analyst for examination. The condition of all the samples were satisfactory.

	Parts per 100,000
Temporary Hardness	2.9
Permanent Hardness	1.1
Total Hardness	4.0
Alkalinity	2.9
Combined Chlorine	2.1
Ammoniacal Nitrogen	0.0
Albuminoid Nitrogen	0.0
Nitrogen as Nitrites	0.0
Nitrogen as Nitrates	0.05
Oxygen absorbed in 4 hrs. at 27° C	0.06
PH Value	7.0

SAMPLING OF WATER

74 samples of water were taken from domestic taps and commercial premises for bacteriological reports. 5 were reported by the Public Health Laboratory as being slightly unsatisfactory. Joint action with the Water Board followed by a subsequent follow-up sample revealed the condition to have been of a minor and temporary nature.

MILK SUPPLY

The main supply of milk in the Borough is in the hands of two large suppliers with one or two small independent retailers supplying some untreated milk. Continued sampling of the milk supply is essential at point of delivery if a proper assessment of the keeping quality of the milk is to be made. In all cases where samples are found not to be up to standard, the Local Authority where the milk is produced or processed is notified and follow-up samples are taken. It is pleasing to report a drop in the number of failures during the year.

Number of visits to dairies	20
Number of visits to milkshops	91
Number of dealers licensed for the sale of sterilised milk	166
Number of dealers licensed for the sale of pasteurised milk	117
Number of dealers licensed for the sale of untreated milk	2
Number of dealers licensed for the sale of ultra heat treated milk	45
Number of dealers (pasteurisers) licenses	1
Number of persons registered as distributors of milk	173
Number of premises registered as dairies	1

BACTERIOLOGICAL EXAMINATION OF MILK

218 samples of milk were submitted for bacteriological examination :

Pasteurised	119	All samples passed the Phospatase Test, 114 passed the Methylene Blue Test.
Untreated	11	All samples passed the Methylene Blue Test.
Sterilised	76	In all cases the Turbidity Test was negative.
Ultra Heat Treated	12	All satisfactory.

T.T. INOCULATION TEST

One sample of Untreated Milk was submitted to determine the presence of Tubercle Bacillus. This was negative.

BRUCELLA ABORTUS

Ten samples of milk were submitted for the "Ring Test" during the year; all were reported as negative.

CHEMICAL EXAMINATION OF MILK

31 samples of milk were submitted to the Public Analyst for chemical analysis. All were found to satisfy the presumptive standard of 3% fat and 8.5% solids not fat.

There were four consumer complaints regarding foreign objects in milk. In one case, legal proceedings were taken and a fine of £20 with £3 costs was imposed on the firm, who pleaded guilty.

ICE CREAM**ICE CREAM**

There still remain three small manufacturers of ice cream left in the Borough producing the traditional type of ice cream which retains its popularity in the area. These premises are regularly inspected and time and temperature checks made. The remainder of the ice cream sold within the Borough is manufactured by nationally known firms and sold through retail outlets in all types of food shops.

Samples are taken regularly and submitted for grading under the methylene blue reduction test. One hundred and thirty one samples were taken during the year. This test gives an indication of the standard of hygienic practices observed during production, storage and sale. The classified results of these samples are shown below placed in their provisional grade.

Grade 1	114	87.0%
Grade 2	12	9.2%
Grade 3	3	2.3%
Grade 4	2	1.5%

Fourteen samples of ice cream were taken for chemical analysis to ensure that minimum compositional standards were being maintained. All were well above the minimum standard. The average analysis showing a fat content of 8.1 per cent and milk solids not fat 9.6 per cent against the legal minimum standard of 5.0 per cent fat and 7.5 per cent milk solids not fat.

FOOD PREMISES

Type of Business	No.	No. fitted to Sect. 16	No. to which Sect. 19 Applies	No. fitted to Sect. 19
Purveyor of Meat	53	53	53	53
Fried Fish Shops	51	51	51	51
Grocery Shops	194	194	194	194
Greengrocery Shops	21	21	21	21
Bakehouses	39	39	39	39
Sugar Confectionery, etc.	45	45	45	45
Restaurants, Cafes, Snack Bars	28	28	28	28
Other Food Premises	47	47	47	47

INSPECTION OF FOOD PREMISES

The following is a summary of the defects discovered at food premises upon inspection :

Insufficient washing facilities	10
Insufficient personal washing facilities	13
Lack of cleanliness of ceilings	30
Lack of cleanliness of walls	42
Lack of cleanliness of floors	13
Lack of cleanliness of working surfaces and shelves	5
Lack of cleanliness of equipment	6
Defective floor and/or covering	23
Defective walls	11
Defective ceilings	4
Defective working surfaces	4
Defective equipment	4
No first-aid kit	—
No clothing cupboard or locker	2
Insufficient cover for food	7
Insufficient lighting	3
“Wash your hands” notice not displayed	—
Inadequate refuse collection and/or storage	17
Unsatisfactory toilets	10
Dirty and unsatisfactory storage	3
Inadequate ventilation	4
Other defects	7

EDUCATION

The Public Health Inspectors have given talks on the various aspects of their work to schools, trainees and other organisations. It is felt that these talks are very useful in giving the general public a view of the work in the wide field of environmental hygiene undertaken by the Inspectorate.

FOOD HYGIENE

This important part of the work of the Public Health Inspector continues to receive the attention of the staff, all food premises being visited regularly. Contraventions found on inspection are immediately notified to the occupier and it has been found that the regular follow-up visits have succeeded in producing compliance with the regulations.

MARKETS

A further increase in the size of premises used for Wholesale Fruit sales at the Marus Bridge Market Site, together with the increased number of uninspected containers of fruit and vegetables being delivered to wholesalers has meant an increase in the volume of work done in the market, which is reflected in the amount of fruit and vegetables condemned during the year.

CLUBS AND LICENSED PREMISES

The popularity of these premises as places of entertainment appears to grow, with a large number now putting on full scale cabaret shows as entertainment. This, together with the subdued lighting used for "effect", makes inspection during opening hours more difficult. Nevertheless, these premises are visited regularly to ensure that standards observed in other food premises are complied with in these as well.

MEAT INSPECTION

There were eight private slaughterhouses within the Borough, six general purpose and two bacon factories. Towards the end of the year, the owner of one of the the bacon factories decided to discontinue slaughtering and in consequence did not apply to renew his slaughterhouse licence.

A per capita scale of charges is made at the maximum allowed by the Meat Inspection Regulations and this resulted in an income of £4,813, an increase of 20% on the previous year.

Number of visits to slaughterhouses	3,894
" " markets	171
" " butcher's shops	146
Number of certificates issued (condemned food)	213

ANIMALS SLAUGHTERED

	1968	1969	1970	1971
Cattle, exc. Cows	9,900	9,859	10,761	11,431
Cows	8,192	8,470	8,712	7,704
Calves	145	104	89	47
Pigs	23,823	21,392	17,761	18,405
Sheep	41,636	38,807	36,197	38,653
Totals	83,696	78,632	73,420	76,240
Income	£4,201	£4,067	£4,008	£4,813

Carcases Examined During the Year 1971

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined	11431	7704	47	18405	38653	76240
Carcases totally condemned	1	15	3	9	2	30
Percentage totally condemned	0.01	0.19	6.38	0.05	0.005	0.04

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	11431	7704	47	18405	38653	—
Number inspected	11431	7704	47	18405	38653	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI:						
Whole carcasses condemned	1	15	3	9	1	—
Carcases of which some part or organ was condemned....	2356	3899	1	4974	3995	—
Percentage of the number inspec- ted affected with disease other than tuberculosis and cysticerici	20.6	50.8	8.5	27.1	10.3	—
TUBERCULOSIS ONLY:						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned....	—	—	—	10	—	—
Percentage of the number inspec- ted affected with tuberculosis	—	—	—	0.05	—	—
CYSTICERCOSIS:						
Carcases of which some part or organ was condemned....	1	—	—	—	7	—
Carcases submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	1	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1971.

	Whole Carcase and all Offal Con-demned	Part of Carcase Con-demned	OFFAL CONDEMNED									
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders	Mesen-teries
Affected with Tuberculosis:												
Cattle (exc. Cows)	—	—	—	—	—	—	—	—	—	—	—	—
Cows	—	—	—	—	—	—	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	10	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis:												
Cattle (exc. Cows)	—	—	1	—	—	1	—	—	—	—	—	—
Cows	—	—	—	—	—	—	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	1	—	—	—	—	7	—	—	—	—	—	—
Affected with other Diseases:												
Cattle (exc. Cows)	1	1	14	1135	2128	70	54	102	54	135	—	6
Cows	15	—	22	1651	3733	57	211	103	63	504	1505	18
Calves	3	—	—	1	—	—	—	—	—	—	—	—
Pigs	9	1	29	4844	1884	436	5	—	—	24	—	2
Sheep	1	—	—	2309	2901	58	2	1	—	4	—	1
	30	2	76	9940	10646	629	272	206	117	667	1505	27

SUMMARY OF OTHER FOOD CONDEMNED, 1971

Meat	739 lbs.
Canned Meat	2,843 lbs.
Fish	77 lbs.
Canned Fish	1 lb .
Fruit	21,214 lbs.
Canned Fruit	98 lbs.
Vegetables	21,506 lbs.
Canned Vegetables	884 lbs.
Packages of other food	542 lbs.
Other canned or bottled foods	324 lbs.

All food condemned, other than meat, is destroyed at the Frog Lane Depot of the Corporation Cleansing Department.

DISEASES OF ANIMALS ACT, 1950

The work under this Act has again been of a routine nature, no outbreaks of any animal disease being notified within the Borough.

MOVEMENT OF SWINE ORDER, 1959

The live cattle market is visited every market day and licences are issued under the above Order. During the year, 397 licences authorising the movement of 3,879 pigs, 75 sows and 8 boars were issued.

POULTRY INSPECTION

There are no poultry processing plants in the Borough. The market stalls engaging in the sale of poultry are visited every market day and the stock is examined, in most cases the birds are eviscerated prior to sale and prepared for display, making identification of carcasses and offal impossible.

FOOD AND DRUGS ACT, 1955 — SAMPLING

During the year 227 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1971

ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements		ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements	
		Number	%			Number	%
Ale	1	—	—	Margarine	5	—	—
Aspirin	3	—	—	Meat paste	1	—	—
Baby food	7	—	—	Meat (tinned)	8	2	25
Barm cakes	2	—	—	Milk	31	—	—
Beefburgers	1	—	—	Milk		—	—
Black pudding	3	1	33	(condensed)	2	—	—
Brandy	1	—	—	Milk (dried)	6	—	—
Bread	3	1	33	Milk		—	—
Butter	8	—	—	(evaporated)	2	—	—
Buttermilk	1	—	—	Mincemeat	3	—	—
Cakes	2	—	—	Mustard	1	—	—
Cheese.....	7	1	14	Oil	2	—	—
Cheese spread	1	—	—	Patent		—	—
Chicken fillets	1	—	—	medicines	8	1	12
Cider	1	—	—	Pasty	1	—	—
Coffee	1	—	—	Pepper	1	—	—
Coffeemate	1	—	—	Pies	8	—	—
Cooking fat.....	1	—	—	Pie filling..	1	—	—
Crab	1	—	—	Potato (Instant)	4	2	50
Curry & rice				Rose Hip Syrup	2	—	—
with beef.....	1	—	—	Rum	1	—	—
Custard	1	—	—	Sauce	3	—	—
Dessert	1	—	—	Sausage	10	3	30
Eggs	1	1	100	Soft drinks	6	—	—
Fish cakes	4	—	—	Soup	1	—	—
Fish paste	2	—	—	Soup mix.	3	—	—
Fish (tinned)	2	—	—	Spices	1	—	—
Flour	1	—	—	Stout	1	—	—
Fruit (tinned)....	5	—	—	Sweets	1	1	100
Gin	1	—	—	Tablets	5	—	—
Glucose	1	—	—	Tea	3	—	—
Gravy mix	1	—	—	Tomatoes	2	1	50
Hamburgers	1	—	—	Tomato juice	1	—	—
Ice Cream	14	—	—	Tomato ketchup	1	—	—
Ice lollies	2	—	—	Whisky	2	—	—
Jam	7	—	—				
Jelly	2	—	—				
Lard	3	—	—				
Linament	1	—	—				
Lemon curd	2	—	—				
Malt drink	1	—	—				
Action taken in regard to unsatisfactory samples is given on Page 129.					227	14	6.2

ANNUAL REPORT OF THE PUBLIC ANALYST

I am indebted to the Borough Analyst, Mr. R. Sinar, for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1971.

Food and Drugs Act, 1955

Total number of samples analysed	.....	227
Number of samples regarded as sub-standard or otherwise unsatisfactory	.....	14
Percentage unsatisfactory	.....	5.0

The total number of samples included 31 liquid milks, 30 meat products, 17 drugs, 14 ice cream, 7 baby foods, 7 cheese, 7 jam, 6 soft drinks, 5 spirits and 103 miscellaneous foods and drinks.

The sub-standard or otherwise unsatisfactory samples comprised seven routine samples (fluffy mashed potato 2; pork sausage 2; beef sausage 1; cough mixture 1; and cheese 1) and seven samples which were the subject of consumer complaints (one sample each of steak pudding with peas; stewed steak with gravy; bread; black pudding; eggs; tomatoes; and chocolate chewing nuts). Brief details of these samples are given below:-

ROUTINE SAMPLES

Fluffy Mashed Potato (2 samples).

The samples consisted of compound food incorrectly described as "Fluffy Mashed Potato". The description "Fluffy Mashed Potato" is inappropriate for articles requiring reconstitution by the addition of water before consumption.

Pork Sausage (2 samples); Beef Sausage (1 sample).

The samples each contained sulphur dioxide preservative, the presence of which was not declared.

Cough Mixture (1 sample).

The label on the article declared the presence of 0.21 % of Vitamin C, whereas the sample contained only 0.13 %. The sample was, therefore, deficient in Vitamin C to the extent of 38.1 %.

Cheese (1 sample).

The cheese was contaminated with mould having the characteristics of penicillium.

COMPLAINT SAMPLES

Steak Pudding with Peas

The sample consisted of steak pudding and peas with associated foreign matter. The foreign matter consisted of a large fly resembling a blue-bottle. Chemical tests applied to the insect indicated that it had been subjected to heat treatment.

Stewed Steak with Gravy

Foreign matter was the cause of the complaint in this sample. The foreign matter consisted of a piece of animal tongue.

Bread

The bread contained a fly. The insect, which was deeply embedded in the bread, had the characteristics of *Anisopus* (the window gnat). Chemical tests applied to the fly indicated that it had been heat treated.

Black Pudding

A large fly resembling a blue-bottle was contaminating the black pudding.

Eggs

Chemical analysis indicated that the fat in the eggs was rancid. The eggs were also contaminated with mould.

Tomatoes

Associated with the tomatoes was an insect having characteristics similar to those of a beetle. Chemical tests applied to the beetle indicated that it had been subjected to heat treatment.

Chocolate Chewing Nuts

The sample consisted of seven separate sweets, one of which had been partly consumed and contained three pieces of glass.

The remaining samples taken under the Food and Drugs Act were regarded as satisfactory. Articles that were the subject of statutory regulations or standards of composition conformed to official requirements, and those for which compositional standards have not been prescribed were of satisfactory commercial quality. No infestation of foods, other than those referred to individually above, such as cereals by mites, or contamination with dirty matter, was detected, and no instance of appreciable metallic contamination of canned foods occurred.

COMPOSITION OF MILK SAMPLES

The average composition of milk samples analysed during 1971 is given below. Adjacent figures in brackets represent the corresponding average for 1970.

Number of samples	31	(28)
Average fat	3.81 %	(3.85 %)
Average solids-not-fat	9.01 %	(9.06 %)
Average water	87.18 %	(87.09 %)

FERTILISERS AND FEEDING STUFFS ACT, 1926

Three samples of compound fertilizer and one sample of bone meal were submitted for analysis during 1971. All of the samples conformed to the requirements of the Fertilizers & Feeding Stuffs Regulations, 1968, after making due allowance for the permitted limits of variation.

CHEMICAL ANALYSIS OF WATER

Four samples of domestic water were received for routine analysis during 1971. The chemical condition of all the samples were satisfactory.

RONALD SINAR,
Public Analyst.

SAMPLES NOT UP TO SATISFACTORY STANDARDS

Article	No. of Sample		Report	Remarks
	Informal	Formal		
Sweets	4		Sweet containing pieces of glass.	Manufacturer fined £25, £8.65 costs.
Sausage	38 39 40		These samples contained undeclared preservative.	Preservative was within permitted limits, warning letter sent.
Tomatoes	49		Insect in can. Tests showed heat treatment of insect.	Manufacturer fined £20.
Steak Pudding	81		Contained bluebottle fly. Tests showed heat treatment of insect.	Manufacturer fined £25.
Stewed Steak	82		Contained tissue resembling tongue.	Manufacturer fined £25, £8.00 costs.
Bread	83		Contained fly. Tests showed heat treatment of insect.	Manufacturers fined £25.
Black Pudding	84		Contained fly. Heat treatment of insect not shown.	Warning letter sent to manufacturers.
Eggs	85		Rancid and affected with mould.	Vendor fined £25, £10 costs.
Cheese	117		Affected with mould, having characteristics of penicillium.	Warning letter to the vendor.
Mashed Potato	34 168		Both samples labelled "Fluffy Mashed Potatoes."	Letter to manufacturers, new packets now in use.
Cough Mixture	195		Deficient in Vitamin C.	Not detrimental to cough syrup. Warning letter to manufacturer.

Legal action was taken under the Food and Drugs Act, 1955, in eleven other instances of consumer complaints :

- (i) A manufacturer pleaded guilty to supplying a bottle of mineral water containing glass. Fined £30.
- (ii) A manufacturer pleaded guilty to supplying beef curry containing Hide and Hair. Fined £25.
- (iii) A vendor pleaded guilty to supplying mouldy meat and potato pies. Fined £10.
- (iv) A manufacturer pleaded guilty to supplying a can of beans containing a piece of pottery. Fined £25.
- (v) A manufacturer pleaded guilty to supplying a mouldy fruit loaf. Fined £25.
- (vi) A manufacturer pleaded guilty to supplying a Steak pie containing a finger dressing. Fined £25.
- (vii) A manufacturer pleaded guilty to supplying a loaf contaminated with dirt. Fined £15.
- (viii) A manufacturer pleaded guilty to supplying a jar of coffee containing glass. Fined £20.
- (ix) A vendor pleaded guilty to selling apples contaminated with mould. Fined £10.
- (x) A manufacturer pleaded guilty to selling mineral water contaminated with mould. Fined £25.
- (xi) A manufacturer pleaded guilty to selling a chocolate bar containing a piece of metal. Fined £30.

I N D E X

Air Pollution	105
Ambulance Service	62
Aminoacid Disorders	50
Ante-Natal Clinics	38, 46
Ascertainment of Deafness in Pre School Children	51
“At Risk” Register	49
Battered Babies	44
B.C.G. Vaccination	61
Blind Welfare	91
Brucella Abortus	119
Burial of the Dead	91
Cancer—deaths	23, 24
Care of Children under School Age	39
Care of Expectant and Nursing Mothers	38
Care of Low Birth Weight Infants	47
Care of the Aged	89
Care of Unmarried Mothers	39
Causes of Death with Death Rates	17
Cervical Cyto-diagnosis	67
Child Guidance	41
Child Minders	43
Child Health Centres	39
Chimney Heights	107
Chiropody Service	72
Clearance Areas	114
Clinics	32
Clubs and Licensed Premises	123
Common Lodging Houses	117
Congenital Malformations	42
Consultant Clinics	51
Convalescence	69
Co-ordinating Officer and Committees	43
Co-ordination of Health Services	81
Cremation	102
Day Care Unit	75
Deaf and Hard of Hearing Welfare	96
Death Rates for the last ten years	22
Demolition and Re-housing	114
Dental Care and Treatment	42
Diseases of Animals Act, 1950	126
Disinfection and Distribution of Disinfectants	86
District Nursing Services	52
Emergency Obstetrical Unit	47
Eviction (prevention of)	77

Examination of Water	120
Factories Acts	107
Family Planning	68
Family Service Project	77
Fertilisers and Feeding Stuffs Act	128
Fluoridation	73
Flatlets for the Aged	90
Food and Drugs Act	127, 128
Food Condemned	125
Food Hygiene	123
Food Premises	121
Food Sampling	126
General Practitioners—Attachment and Liaison	49
Handicapped Persons Welfare	97
Health and Social Services Committees	4
Health Education	66
Health Visiting Services	48
Holidays for the Aged	90
Home Help Service	73
House Improvement	116
Houses in Multiple Occupation	117
Housing	114
Ice-Cream Manufacturers, Retailers and Premises	121
Immunisation	60
Improvement Areas	115
Improvement Grants	116
Infant and Young Children's Clinics	32
Infant Mortality	26, 29
Infectious Diseases, Prevalence and Control Over	83
Inquests and Uncertified Deaths	22
Inspection and Supervision of Food Premises	120
Introduction	7
Legal Proceedings	110, 117
Longshoot Health Centre	33
Major Accident Organisation	82
Marie Curie Foundation	54
Markets	123
Mass Radiography	71
Maternal Mortality	26
Maternal and Child Health	32
Maternity Homes	48
Maternity Liaison Committee	48
Meals on Wheels Service	71
Measles Vaccination	60
Meat Inspection	123
Mental Health Services	74
Midwifery Services	45
Milk Supply	120
Mortuary	102
Mothercraft	51

National Assistance Act, 1948—Part III Services	87
Natural and Social Conditions of the Area	11
Neo-Natal Deaths	16, 26
Nursery	41
Nurseries and Child Minders' Regulation Act, 1948	43
Nursing Equipment	72
Occupational Health Service	79
Offensive Trades	107
Offices, Shops and Railway Premises Act, 1963	108
Operation "Phoenix"	77
Outworkers	108
Perinatal Mortality	16, 26
Pharmacy and Poisons Act	110
Phenylketonuria	50
Places of Entertainment	110
Playgroups	43
Post-Natal Clinics	38
Poultry Inspection	126
Premature Births	25
Prevention of Break-up of Families	43
Prevention of Damage by Pests Act, 1949	110
Prevention of Illness—Care and After-Care	66
Protection of Movable Property	91
Provision of Health Services	31
Public Analyst's Annual Report	128
Public Baths	101
Public Cleansing	101
Public Conveniences	102
Public Health Inspection	102
Qualification Certificates	116
Radio Telecommunications	48, 65
Rag Flock and Other Filling Materials Regulations, 1951	107
Refuse Collection and Disposal	101
Removal of Persons Needing Care and Attention	91
Rent Act, 1957	117
Residential Accommodation	88
Respiratory Diseases—Deaths	23
Rodent Control	110
Rubella Vaccination	61
Sanitary Circumstances of the Area	99
Slum Clearance	114
Smallpox Vaccination	60, 61
Smoke Control Areas	106
Special Care Unit	74
Staff	4
Standard Grants	116
Statistics	15
Trade Refuse	101
Training of Nursing Staff	48, 51, 54

Tuberculosis	69
Tuberculosis Notifications	84
Vaccination	60
Venereal Disease	69
Vital Statistics	12, 16
Voluntary Organisations	98
Water Supply	100
Welfare Foods, Distribution	41
Welfare Services	87
Workshop Employment	95

